

# Boon Ranch

## EMERGENCY MEDICAL INFORMATION

Rider's Name \_\_\_\_\_  
Cell and Home Phone: \_\_\_\_\_  
Name of Parent/Guardian: \_\_\_\_\_  
Emergency Phone: \_\_\_\_\_  
Age: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City: State: Zip: \_\_\_\_\_  
Rider.'s Physician: \_\_\_\_\_  
Physician.'s Address: Phone: \_\_\_\_\_  
Hospital Preference: \_\_\_\_\_

Please list any special conditions, allergies to drugs, etc., which a physician should know before administering treatment of any kind.

\_\_\_\_\_  
\_\_\_\_\_

Signature of Rider (Parent/Guardian if minor) \_\_\_\_\_

### GRANT OF PERMISSION

I/we the undersigned, (student/rider above named or, if minor, parents/guardians) hereby grant permission and authority to Boon Ranch, Inc. its officers and authorized employees to act for us in executing verbal instructions, or if unable to contact us, to act for us in dealing with physicians, ambulance companies and hospitals named above, to obtain prompt medical attention for the rider named above in the event of any perceived medical emergency. I hereby covenant and agree to release Boon Ranch, Inc. its officers, agents and employees, from any liability and/or expense connected with obtaining prompt medical attention for the rider named above.

Rider (Signatures required) \_\_\_\_\_  
Date \_\_\_\_\_

Parent/Guardian if minor \_\_\_\_\_  
Date \_\_\_\_\_