



SaddleUp! Foundation
11152 East Daley Circle
Parker, Colorado 80134
P: 303.788.1666 F: 303.788.1886

EMERGENCY MEDICAL TREATMENT AND CONSENT FORM

Please identify all known allergies to foods, drugs, insect bites, dust, etc., and the nature of his/her reaction (if none, put N/A):

If student is presently taking medication, please identify the medication and the reason for its use (if none put N/A):

In case of emergency, the following person should be contacted:

Name: Relationship:
Day Phone: Night Phone:
Cell Phone:

Please sign below to provide consent for emergency medical treatment. Please note that the staff at SaddleUp! Foundation are not trained as medical professionals and may not be able to help if a serious accident or illness occurs.

Insurance Carrier Insurance Phone:
Group # Policy # Hospital Preferred
Doctor's Name:
Address: Phone:

*Student signs if 18 years of age or older:

I hereby authorize SaddleUp! Foundation to provide, at my expense, any and all necessary emergency care required for me while participating in any equine activities. This authorization does does not (check one) authorize blood or blood products to be provided to me.

By: Date:
Printed name:

*Parent/Guardian signature for student:

I hereby authorize SaddleUp! Foundation To provide, at my expense, any and all necessary Emergency medical care required for me while participating in any equine activities. This authorization does does not (check one) authorize blood or blood products to be provided.

By: Date:
Phone:

(Printed Name of Signatory)

(Printed Name of Student)

*Parent/Guardian and Student acknowledge that they have read and understand fully the liability form. Initial Parent Initial Student