

# Full of Grace Farm Emergency Contact and Medical Form

Participant's name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Allergies: \_\_\_\_\_

Hospital of Choice \_\_\_\_\_

Dr. \_\_\_\_\_ Phone# \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Holders Name \_\_\_\_\_

**EMERGENCY CONTACTS:**

**\*PLEASE NOTE: Emergency Contact- Must be available during program hours, 9am-3pm**

Primary name: \_\_\_\_\_ Phone# \_\_\_\_\_

Alternate: \_\_\_\_\_ Phone# \_\_\_\_\_

Additional Comments &/or Health Concerns:

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I, \_\_\_\_\_ hereby authorize Full of Grace Farm / J&L Equine owners, employees, and agents to secure any medical services as they deem necessary for:

\_\_\_\_\_ (Child's name). I hereby agree and am legally bound to pay for any and all costs related to such medical services, including costs not covered by my medical or other insurances.

Additionally, I agree that my child will kept home on any day(s) he/she may feel ill, or have a fever. I will also pick-up my child upon notification should he/she feel ill or want to go home at any time during a program day. I understand that missed days due to illness or any other reason are not refundable.

\_\_\_\_\_  
*Print (Legal Parent / Guardian of minor-- listed above)*

\_\_\_\_\_  
*Signature (Legal Parent / Guardian of minor-- listed above)*

\_\_\_\_\_  
*Date*