



Rider Information

Name: _____ Birthday: _____

Address: _____

Parent/Guardian Name: _____

Parent/Guardian's Address: _____

Phone Number: _____

Please list any allergies your child has below:

****IMPORTANT! If your child is allergic to bee stings, you must bring an EPI Pen with you!****

Is there any special information that you would like to share about your child or any special needs that our leaders should be aware of before working with your child at the ranch?

Emergency Contact Information

Emergency Contact #2: _____ Relationship: _____

Home Phone: _____ Work: _____ Cell: _____

Emergency Contact #3: _____ Relationship: _____

Home Phone: _____ Work: _____ Cell: _____

Physician's

Name: _____ Phone: _____

Preferred Medical Facility/Hospital: _____

Authorization/Consent for Emergency Medical Treatment

In the event emergency medical aid/treatment is required due to injury or illness while on He Reigns Rescue Ranch's property, I authorize, He Reigns Rescue Ranch staff to obtain emergency medical treatment via EMS. This authorization includes x-rays, surgery, hospitalization, medication, and/or any treatment procedures deemed as "life saving" by the physician. This provision will only be invoked if the emergency contact person(s) listed above cannot be reached.

Consent Signature: _____ Date: _____

Printed Name: _____