

Michigan Interscholastic Horsemanship Association
Permit for Treatment of Child

By signing this document I/we, _____, the Parent(s) and/or legal guardian(s) of _____ authorize my child's coach or the designee listed below to seek First Aid and Medical attention for my child. I also authorize Michigan Interscholastic Horsemanship Association, and/or their designees to seek First Aid and Medical attention for my child. In the event of an emergency, I further give further permission to the licensed physician chosen by these designees to hospitalize, secure treatment, anesthesia, or surgery for the previously listed child.

Child's Name: _____
Child's Address: _____
Date of Birth: _____

Parent or Guardian's name: _____
Address: _____
Home Phone: (____) ____ - _____ Work Phone: (____) ____ - _____
Emergency Contact: _____ Phone: (____) ____ - _____
Emergency Contact: _____ Phone: (____) ____ - _____

Coach or Designee's Name and Address: _____

Family Doctor: _____ Address: _____

Allergies: _____
Medications: _____

Past Medical History: _____

Insurance Information: _____

Signature of Parent/Guardian Printed Name Date

Parent will be attending Events: Yes - No:
If attending, what days will you be attending?: _____
