

Rainbow's End Riding Academy
Medical Information

Name of Student: _____

In the case of an emergency, the following requested information will be used to inform medical personnel of the student's medical status.

Has student received tetanus vaccination within past 3 years? (Required) _____

Blood type: _____ Allergies: _____

Is student taking any medication? _____ If so, what? _____

Is student allergic to any medication? _____ If so, what? _____

Does student have any pertinent medical conditions? _____ If so, please describe _____

In case of an emergency, please list all contacts (cell phones, pagers, work numbers, etc.):

If transport to a hospital is required, please advise your choice. _____

Mother's contact numbers: _____

Father's contact numbers: _____