

Medical Information, 2021 Brookside Stables Camp

Minor name:

DOB:

Allergies:

Medical/Special Needs:

Medical Insurance Information

Name of Insurance Company:

Policy/Group ID Number:

Family Physician:

Phone #:

Siblings over 18 years:

Phone #:

Grandparents:

Phone #:

Aunts/Uncles:

Phone #

I/We, being the parent(s) or legal guardian(s) of the above named minor child hereby appoint:

Ann Brown

Brookside Stables, 3 Cross Country Circle, Wilmington VT (802) 464-0267

to act in my/our behalf in authorizing unexpected medical care, dental care and hospitalization for the above named minor during the period of my/our absence during the 2021 season calendar year.

This document shall be presented to a physician, dentist, or appropriate hospital representative at such times as unexpected medical care, dental care, and/or hospitalization may be required.

Parent/Guardian Name, please print clearly:

Parent/Guardian signature and date:

Witness, please print clearly:

Witness, signature and date:

We, the parents, can be reached in an emergency at (phone numbers):