**PLATINUM FARMS L.L.C.**

**(303) 229-1081**

# EMERGENCY MEDICAL INFORMATION

Platinum Farms, L.L.C., asks that all persons riding on the property of 985 N. Bluff Dr., Franktown, Colorado, fill out this form and sign it (by both parents if under 18), so that it’s owners, trainers and anyone instructing lessons on the property will have medical information available in case of an emergency. In addition to providing Platinum Farms with this information, it is suggested that all persons who have direct contact with horses have an inoculation against tetanus once every 5 years minimum. Consult your physician for any other protection he may deem necessary, such as medication for severe allergies against hays, grasses, etc. and for his suggestions for the wearing of tags such as “medicaid” tags pointing out any special conditions you or your children may have which would require special attention in case of an emergency.

Today’s Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_sex\_\_\_\_\_ DOB\_\_\_\_\_\_\_\_\_\_

Parents Names (if student is under 18)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Contact Phone Number Parent(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nearest Relative or Friend:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently taking any medications? If so, please list. (This question is optional, but may be of extreme importance in a medical emergency situation).

Please list any allergies to medications:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any previous injuries or medical conditions that a physician should know about

before administrating any medical care:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Back problems or head injuries:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_