

OXFORD PONY CLUB - Emergency Contact and Medical Information

Childs Full Name		Date of Birth	M	F
			Sex	
Spouse / Partner Name		Parent Name		
Home Phone	Work Phone	Home Phone	Work Phone	
Address		Address		
City / Town		City / Town		

Alternative Emergency Contacts

Primary Emergency Contact		Secondary Emergency Contact	
Home Phone	Work Phone	Home Phone	Work Phone
Address		Address	
City / Town		City / Town	

Medical Information

Hospital / Clinic Preference

GP Name	Phone Number
Medical Doctor / surgery	Contact Number

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending Doctor and/or paramedics, waive my right to informed consent of treatment. This waiver applies only in the event that neither spouse / immediate family/ Next of Kin can be reached in the case of an emergency.

Parent / Guardian Signature	Date
Witness Signature	Date