

GARGOT FARMS PONY CAMP & RIDING SCHOOL

STUDENT RECORD FORM

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_

Parents' Names: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Conditions (ie. asthma, adverse drug reactions, allergies):

\_\_\_\_\_

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian      Date      Signature      Date

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I, \_\_\_\_\_, the parent(s) of \_\_\_\_\_

give Gargot Farms Riding School permission to have my child treated at a medical facility or doctor's office.

\_\_\_\_\_  
Signature of Parent or Guardian      Date