Dos Suenos Stables

Medical Release

Name of student:	
Birthdate:	
Any known allergies:	
Any known health problems:	
Any regular medication that student takes? (if so, please list name, dosage & regularity of medication	
Name of student's doctor:	
Doctor's phone number:	
If student is under 18 years of age:	
Name of parent/legal guardian:	
Best contact phone number for parent/legal guardian:	
Second best contact number for parent/legal guardian:	
Physical address of parent/legal guardian:	
Alternative emergency contacts:	
Name: Phone:	
Relationship to student:	
Name: Phone:	

Relationship to student:	
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Medical Release (continued)

The undersigned student, or parent/legal guardian of minor student, does hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or hospital service that may be rendered under the general or specific instructions of any physician or hospital. It is understood this consent is given in advance of any specific diagnosis or treatment, which may be required, but is given to encourage the Dos Suenos Stables, and/or medical staff, to exercise their best judgment as to the requirements of such diagnosis or treatment. The undersigned shall pay all fees for doctors, hospitals, ambulances and their medical charges reasonably and necessarily incurred.

Pate	Student/Boarder Name (print)	Student/Boarder (signature)
	or	
Date	Parent/Guardian Name (print)	Parent/Guardian (signature)

Dos Suenos Stables -

Location: 6 Boronda Rd, Carmel Valley, CA 93924

Mailing Address: c/o J Equestrian, 300 W Carmel Valley Rd, Carmel Valley, CA 93924

Phone: (831) 594-1223