



HORSE ETC

Eclectic Training & Care

Medical Release

Client Information

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: _____
Mobile Phone: _____

Emergency Contact

Name: _____
Phone: _____

Medical Information

Medications taken regularly: _____
Medications *Horse ETC* can administer: _____
(Tylenol, Benadryl, Neosporin)

Other: _____

Signed: _____ Date: _____
(Signature of Parent or Guardian)