

OLD WEST SPECIAL TRAILS, INC.

Changing Children's Lives, One Ride at a Time

12280 Macon Road, Collierville, TN 38017

901-490-5555

www.oldwestspecialtrails.org

Medical Authorization

Child's Name _____

Child's Birth Date _____

Address _____

Home Phone # _____ Cell Phone # _____

It is important to have specific medical information so an emergency situation can be handled appropriately. Please complete the following information and submit any additional information that applies to your child.

Known Allergies _____

Current Medications _____

Does your child have any health history or current medical problems that we or an attending physician should be aware of?

_____ No, my child has no known medical conditions.

_____ Yes. Please explain:

Hospital preference _____

Pediatrician _____ Pediatrician's Phone# _____

Insurance Provider _____

ID # _____

Name on Policy _____

I give Old West Special Trails, Inc. permission to treat my child in an emergency situation.

Parent or Guardian Signature _____

Date _____