

WHOA
Wild Horse Owner's Association



R-Wild Horse Ranch
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MEDICAL RELEASE FORM

My said Minor Child, _____, will be staying with
the family of _____ from _____ to _____.

I hereby authorize for _____, to sign for any such
medical treatment, which may be necessary for the care of my said minor child,
_____, while in their care for the dates
mentioned above, inclusively.

My said minor child, is insured through the following:

(Insurance Company Name and Address)

(Subscriber Name)

(Group/Policy Number)

My said Minor Child, _____, is currently taking
the following medications: _____.

(Date)

(Parent Signature)

(Date)

(Witness)