



R-WILD HORSE RANCH

6700 Highway 36 West
Platina CA 96076
(530) 567-7007
ranchwild@rwildhorseranch.net

MEDICAL RELEASE FORM

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

I hereby authorize _____ 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 Signature)

Owner Number