

EMERGENCY CONTACT & PARENTAL/GUARDIAN CONSENT FORM

RANCH HAND FOR THE DAY™ c/o TUFF'S RANCH, LLC AND TUFF'S ANIMAL RESCUE

Only those people listed below will be permitted to pick up your participant.

Participant's Name		Birthdate	Age
Address		School	
Mother's Name/Legal Guardian		Home Phone	
Home Address		Cell Phone	
Business Name		Business Phone	
Business Address			
Father's Name/Legal Guardian		Home Phone	
Home Address		Cell Phone	
Business Name		Business Phone	
Business Address			
Emergency Contact Person(s) -- Name		Phone Number When Participant is in Program	
Person(s) To Whom Participants May Be Released - Name		Phone Number When Participant is in Program	
Name of Participant's Physician/Medical Care Provider		Phone Number	
Address			
Special Disabilities (if any)		Allergies (including medication reaction)	
Medical or Dietary Information Necessary in an Emergency Situation		Medication, Special Conditions	
Additional Information on Special Needs of Child			
Health Insurance Coverage or Medical Assistance Benefits for Child		Policy Number (Required)	
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT			
As parent/guardian, I consent to have my participant receive first aid by facility staff and, if necessary, be transported to receive emergency care. I will be responsible for all charges not covered by insurance. I consent for the emergency contact persons listed above to act on my behalf until I am available. I agree to review and update this information whenever a change occurs.			
Obtaining Emergency Medical Care		Admin. of Minor First Aid Procedures	

Signature of Parent or Guardian *(required at participation)*

Date

Staff Acknowledgment

Date

Authorization for Emergency Hospital or Medical Treatment

In case of an emergency due to illness or accident, when it is thought advisable to have immediate medical attention for my child, I hereby authorize the Ranch Hand for the Day™ program, c/o Tuff's Ranch LLC and Tuff's Animal Rescue, to send my child to the nearest hospital.

I agree to meet staff at the hospital as soon as possible after being notified.

I understand that I must bear all expenses involved, including those incurred to transport my child to the hospital.

In the event of a minor injury, I authorize the Ranch Hand for the Day™ staff to administer minor First Aid to my child.

Parent/Guardian Signature: _____

Date: _____

Relationship to Child: _____

Name of Child: _____