

**RIDER  
HEALTH INFORMATION**  
(Must have one for every rider child/adult)

Name \_\_\_\_\_  
Birth date \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
Home Address \_\_\_\_\_  
Phone Numbers \_\_\_\_\_  
E-mail \_\_\_\_\_  
Emergency Contact  
Name & Phone number \_\_\_\_\_  
2<sup>nd</sup> Emergency Contact  
Name & Phone number \_\_\_\_\_

Family Physician – Name & Phone \_\_\_\_\_  
Insurance Carrier, Policy & Phone Number \_\_\_\_\_

Last physical exam date \_\_\_\_\_  
Last Tetanus vaccination \_\_\_\_\_

Health History (check all that apply)

_____ Frequent ear infections	Heart Condition _____
_____ Seizures	Diabetes _____
_____ Asthma	Bleeding/clotting Disorder _____
_____ Head injury	Psychiatric treatment _____
_____ Special Needs	Other _____

Does your rider have any of the conditions listed, if so please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Allergies (check all that apply)

_____ Hay fever	_____ Penicillin
_____ Poison Ivy	_____ Insect bites/bee stings
_____ Food	_____ medications _____ other

If yes, please explain

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Please provide any additional information we should have about rider's physical, emotional or mental health \_\_\_\_\_

**AUTHORIZATION TO CONSENT TO TREATMENT (Optional)**

To be filled in and signed by adult participant, or parent(s) or legal guardian(s) of minor participant, whose medical insurance is carried by the above named health insurance policy, authorize members of Hopkins Spring Farm, Inc. staff, as agent(s), to consent to any x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care deemed advisable and rendered by any licensed physician, licensed emergency medical technician, or surgeon, whether on site, in a remote location, in an office or in a licensed hospital. This authorization is given in advance of any required care to empower the agent(s) to give consent for such treatment as the health-care giver may deem advisable. This authorization shall remain effective from \_\_\_\_\_ to \_\_\_\_\_ (date), unless sooner revoked in writing.

Print Name of Rider \_\_\_\_\_

Print Signature Name \_\_\_\_\_

Signature of Rider or parent/guardian if under 18 years of age

\_\_\_\_\_ date \_\_\_\_\_