

**OPRC MEDICAL INFORMATION AND RELEASE FORM
FOR NON-OPRC MEMBERS PARTICIPATING IN OPEN MOUNTED ACTIVITIES**

This form is optional but highly recommended for all non-member riders who do not possess a medical armband and who are participating in any OPRC-sponsored mounted activities that are open to the public. The completed form may be worn by the rider, preferably in a visible location or, if that is not possible, it may be worn inside the helmet. A medical armband worn in a visible location is required for all OPRC members.

If medical care is required for _____ (rider's name), and if normal permission is not available in a timely manner, the undersigned authorizes appropriate medical care as deemed necessary by medical emergency personnel, a physician, or the medical facility providing treatment.

RELATED INFORMATION

Address: _____

Phone: (H) _____ W) _____ C) _____

Emergency Contact: _____ H Phone: _____

Relationship: _____ W or C Phone: _____

Physician: _____ Phone: _____

Allergies:

Medical conditions:

Medications:

Medical Insurance Company:

Insurance Policy Number:

Special Instructions:

I have read this Medical Information and Release Form and agree to it:

Signature: _____ Date: _____

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