



LESSON STUDENT'S & CLIENT'S HEALTH HISTORY

Date _____ NAME OF RIDER _____ Birth date & Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Height ____ Weight ____ Style W or E If minor student, Name of parents or guardian: _____

Hm Phone:(____) ____ - _____ Ms. wk:(____) ____ - _____ Mr. wk: (____) ____ - _____ Mr / Ms Cell: (____) _____

Person to contact in the event I cannot be reached _____ Relationship _____ tel _____

Or contact _____ Relationship _____ tele# _____

Any History of Seizures, _____ Asthma _____, Chronic back problems _____ Knee or leg problems _____ If so, please explain:
_____ (Use back if necessary)

Allergies: _____ Current Medications: _____

Please state any current or chronic health problems that that Pinebrook Farms staff should be aware of _____
_____ (Use back if necessary)

How would you rate your's or your child's present state of health? Excellent _____ Good _____ Fair _____ Poor _____

STATEMENT OF CONSENT

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

In the event emergency medical aid/treatment is required for the above stated rider, due to illness or injury during the process of receiving services, or while being on the property of Pinebrook Farms, or while in the care or supervision of any member of Pinebrook Farms' staff, I authorize a supervisory adult to secure and retain medical treatment and transportation if needed, and release records upon request to the authorized facility involved in the medical treatment. I understand I am responsible for all hospital and medical expenses.

Physicians Name: _____

Preferred Medical Facility: _____ Location: _____

Health Insurance Co: _____ Policy # _____

This authorization includes X-Ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person listed below in unable to be reached:

Date _____ Consent Signature _____
(Rider, parent or guardian)

PRINT NAME _____

STATEMENT OF NON-CONSENT

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of Pinebrook Farms or while in the supervision of any staff member of Pinebrook Farms. In the event emergency treatment/aid is required, I wish the following procedure to take place: (Use back if necessary)

Date _____ Non-Consent Signature _____
(Rider, parent or guardian)

PRINT NAME: _____