

**NEW HAMPSHIRE QUARTER HORSE YOUTH ASSOCIATION
CHILD REGISTRATION AND EMERGENCY INFORMATION**

To the Parent/Guardian: This form must be completed for each of your children who will be enrolled in the NHQHYA (New Hampshire Quarter Horse Youth Association) and must be updated whenever information changes.

CHILD'S NAME _____ DOB _____

ADDRESS _____ TEL # _____

Identifying information of Parents/Guardians

Name: _____ Name: _____

Address: _____ Address: _____

Daytime# _____ Daytime# _____

Cell # _____ Cell # _____

Home # _____ Home # _____

Other # _____ Other # _____

Additional information as to where Patents/Guardians can be reached during the day

Emergency Contact Person – You (parent/guardian) are required to list at least one person with whom you would feel comfortable leaving your child with, & who could assume responsibility for your child if you could not be reached immediately in an emergency. This can be a Doctor or Emergency Facility that you would trust to treat your child.

Name: _____ Name: _____

Relationship _____ Relationship _____

Address: _____ Address: _____

Phone _____ Phone _____

Medical Information

Any chronic conditions, allergies or medications that could be important in case of sudden illness or injury:

Child's Physician _____ Phone _____

Physician's Address _____

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I, _____, hereby give permission to NHQHYA Advisor to provide simple first aid treatment to my child, _____ when necessary, and in the event of a more serious illness or injury, I give permission for my child to be transported to a hospital or other emergency medical facility to receive emergency medical treatment. I also authorize ambulance/rescue squad attendant to administer such treatment as is medically necessary, and I authorize licensed health practitioners working in the hospital or emergency medical facility to examine and provide emergency medical treatment to my child if warranted. I understand that I will be contacted by NHQHYA as soon as possible regarding any emergency involving my child.

PARENT/GUARDIAN SIGNATURE

DATE

2/2010