

MEDICAL RELEASE & FIELD TRIP CONSENT

This is an important legal document. Please read this carefully. Fill in the information, initial and or sign this release in ink, where indicated. This Authorization is valid for ONE YEAR.

**I give my consent for: _____ to go on field trips with the Compton Jr. Equestrians
(Child/ Participant's Name)**

Program. I hereby give my consent to the Compton Jr. Equestrians Program to provide any emergency medical treatment my child may need.

(Student Name)

(Parent/Guardian Name)

(Parent/Guardian Signature)