

Medical Release

State of Oklahoma – County of Cleveland

On this ____ Day of _____, 20____, the person who's signature appears below personally appeared before me: _____ who is personally known to me OR _____ whose identity I proved on the basis of satisfactory evidence, to be the signer of the above instrument and they acknowledged that they executed it.

My commission expires: _____
Notary

I hereby give Pamela Byers, Gallery Farm Riding Instructor, permission to act as temporary guardian of _____ from _____ to _____ (dates of summer camp or other Gallery Farm activity) from _____ to _____ (times of summer camp or other Gallery Farm activity). I hereby authorize Pamela Byers of 8900 Cemetery Road, Noble, OK to transport and/or authorize proper licensed/certified medical personnel to treat injuries and/or illnesses as they deem necessary.

Signature

Date