HOME ON THE RANGE
MEDICAL RELEASE

TO WHOM IT MAY CONCERN:

I, _____, parent/guardian of _____
(Child's Name)
for the mutual conditions of covenant and terms herein do hereby grant permission to Home On The Range (hereinafter referred to as HOTR) and/or its administrative authorities to provide any medical care it deems necessary for the well-being of above mentioned youth. **FURTHER**, should above mentioned youth develop any illness or sustain an emergency injury requiring immediate medical care and/or hospitalization, in the judgment of HOTR and/or its administrative authorities, permission is herewith granted by me for any necessary medical care.

I (we) further consent to:

1. All medical tests and immunizations deemed advisable by HOTR's medical advisors and/or consultants. Please initial the following Immunizations that you **DO NOT** approve of your child receiving:

   Required Immunizations:

   ____ Hepatitis B
   ____ Poliovirus
   ____ Meningococcal
   ____ Measles, Mumps, Rubella
   ____ Tetanus, Diphtheria, Pertussis
   OR
   ____ Tetanus, Diptheria

   Optional Immunizations:

   ____ Hepatitus A
   ____ Varicella
   ____ Human Papillomavirus
   ____ Seasonal Influenza

2. All medical and dental care deemed necessary by HOTR's medical advisors and/or consultants.
3. The usage of anesthesia and/or furnishing any surgical treatment by the medical advisors and/or consultants of HOTR, if in the opinion of said advisors and/or consultants such an emergency exists or may unexpectedly arise. In keeping with the concept of the importance of parental and agency awareness, every effort will be made by HOTR to secure such surgical releases when in the opinion of said advisors and/or consultants no emergency exists or may unexpectedly arise.
4. To sign all medical forms deemed necessary to obtain medical attention. These forms include but are not limited to medical treatment forms, procedural consent forms, financial responsibility, HIPAA, health insurance forms, or mental health forms.

Further, in consideration of the aforesaid payment and the added consideration of medical care granted by HOTR, its administrative authorities and/or its medical advisors or consultants, I hereby covenant that I will forever refrain for any reason from instituting, or in any way pressing any claim of any kind against HOTR, Sentinel Butte, ND, its administrative authorities and/or its medical advisors or consultants.

Furthermore, I hereby expressly stipulate and agree in consideration of the aforesaid payment in the event any claim is pressed by, or on behalf of, said minor, the undersigned will forever "stand in the shoes" and hold forever harmless HOTR, its administrative authorities and/or its medical advisors or consultants.

_____ _____
Parent/Guardian Date Referring Agency Rep. Date