David J Crum, DVM
Sports Medicine, Lameness, Dentistry
And Minor Surgery

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PARENT/GUARDIAN CONSENT FORM

Your son or daughter has been accepted to attend a career shadow and ride along experience with Crum Equine Veterinary Service, Inc. He/she will be assigned to a licensed veterinarian who will lead them through a typical work day and explore different aspects of their career. He/she will be on the road traveling with one of our licensed veterinarians and staff assistants on routine and/or emergency veterinary appointments. Please read and complete the following information:

Permission to participate in career shadowing:

My child may participate in a career shadowing experience which will take place with:
Crum Equine Veterinary Service, Inc.
1875 Rainbow Dr. NW
Lancaster, Oh 43130

On _____ _____, 20_____.
(Month) (Day) (Year)

I understand that my child will travel with a licensed veterinarian during the work day. Should it be necessary for my child to have medical treatment while participating in the career shadow experience, I hereby give Crum Equine Veterinary Service, Inc. permission to use their best judgment in obtaining medical service for my child. I give permission to the physician selected by Crum Equine Veterinary Service, Inc. to render whatever medical treatment he/she deems necessary and appropriate. Permission is also granted to release necessary emergency contact/medical history to the attending physician, if needed. *We will attempt to contact the parent/guardian and listed emergency contacts first.

_____ **I hereby agree to all of the above authorizations and permissions** (Please initial)

Parent/Guardian Signature:_____ Date:_____

Child's Name:_____ Date of Birth:_____

Child's Address:_____

Parent/Guardian's Name: _____

Parent/Guardian's phone #: Home- _____ Cell- _____

Emergency Contact(other than parent/guardian):_____

Emergency Contact Phone: _____Relation:_____

Medical Conditions: _____

Allergies: _____