

**CONSENT TO EMERGENCY MEDICAL
DENTAL OR SURGICAL TREATMENT
FOR A MINOR CHILD**

My name _____ I am the mother, father guardian (circle) of

_____. I hereby give my consent to medical treatment that
is necessary to save the life of the minor child named above.

My Insurance Company: _____ phone _____

My policy number _____

My home address _____ phone _____

phone at work _____ workplace _____

IF UNABLE TO CONTACT ME, PLEASE CALL ONE OF THE FOLLOWING:

PERSON	PHONE NUMBER
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In case of emergency, I prefer that my child is taken to the following hospital:

The child's physician is _____ Phone _____

This form is to be retained in the camp/riding school office. A shorter version may be kept in the stables. The long form should accompany child to hospital.

This form should be kept with the release form signed by parent. It provides evidence that parent has read and understands the release prior to signing release.