

Shallowbrook Equestrian Center, Inc. Emergency Medical Release Form

Notice to All Riders and Parents/Guardians

To avoid any unnecessary delay we recommend that you fill out and sign this form.

Name: _____ Soc.Sec.#: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Person to Contact in Case of Emergency

Name: _____ Telephone: _____

Medical Insurance Company: _____ Policy #: _____

Member #: _____

Medical Information

Allergies: _____ Contact Lenses: _____

Medical Doctor: _____ Telephone: _____

Date of Last Tetanus Shot: _____

Other: _____ (use reverse if needed)

Notice to Parents and Guardians

In many situations, a minor child cannot receive emergency medical care without the authorization of a parent or guardian. If you are not going to be present personally at the farm during while your child is here, you should consider using this .

Release for an Adult Rider

If emergency medical care is required for myself and if I, or an accompanying spouse or relative, am not able to convey permission in a timely manner, then the under- signed authorizes appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician or the medical facility providing treatment.

I have read this entire release and agree to it:

Signature: _____ Date: _____

Release for a Minor Rider

If emergency medical care is required for:

Child 's Name: _____

and if permission is not available in a timely manner, then the undersigned authorizes appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician or the medical facility providing treatment.

I have read this entire release and agree to it:

Signature: _____ Date: _____
(Parent or Guardian)