

EMERGENCY TREATMENT RELEASE FORM

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Physician \_\_\_\_\_ Phone# \_\_\_\_\_

Health Care Provider \_\_\_\_\_ Policy # \_\_\_\_\_

Person authorized to give temporary assistance or care in absence of parent or guardian

Name \_\_\_\_\_ Phone # \_\_\_\_\_ Relationship \_\_\_\_\_

Preferred Medical Facility \_\_\_\_\_

In case of Medical Emergency, the undersigned authorizes Giant City Stables to provide such medical assistance as they determine to be necessary. The undersigned authorizes any licensed physician and/or medical facility to provide any medical/surgical care and/or hospitalization for the student, including anesthetic, which they determine necessary or advisable, pending receipt of a specific consent from the undersigned.

No student can be accepted until this form has been completed by the Parent or Guardian. If the student is of legal age (18) he or she may complete for form. Students will be under supervision and although every effort will be made to avoid any accident, NO LIABILITY can be accepted by Giant City Stables.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Signature of Student if over 18