

FIVE STAR STABLES - EMERGENCY MEDICAL INFORMATION AND RELEASE

In the event emergency medical care is required for Owner, Owner's family, or Owner's guests while upon the premises of Five Star Stables, and normal permission is not available in a timely manner, the undersigned hereby authorizes appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician, or the medical facility providing any treatment.

Owner/Rider Information

Name: _____
Address: _____
Cell Ph: _____ Alternate Ph: _____

Person to Contact in case of injury or illness

Parent/Guardian Name: _____
Phone: _____
Alternate Contact: _____
Relation to Owner/Rider: _____ Phone: _____
Family Physician: _____ Phone: _____

Owner/Rider Medical Information:

Birth date: _____ Hospital of Choice: _____
Existing medical conditions: _____
Allergies/Sensitivities: _____
Regular Medications: _____
Personal Physician: _____ Phone: _____
Health Insurance Carrier: _____ Plan/Policy Number: _____

Consent to Treatment for Minor (check if applicable):

In the event that the above-named child is injured or becomes ill and requires emergency medical treatment, I hereby consent to such emergency medical treatment as is deemed necessary and prudent by a licensed medical professional until such time as I can be reached and consent to treatment on my child's behalf.

I HAVE READ THIS RELEASE, AGREE TO ITS TERMS, AND PROVIDED THE INFORMATION INDICATED.

Signature of Owner/Rider

Date

Parent/Guardian Signature

Date