

MINOR RIDER EMERGENCY INFORMATION AND CONSENT
Dark Horse Stables

Rider Information:

Name: _____

Address: _____

Daytime Phone: _____ Evening Phone: _____

Person to contact in case of injury or illness to owner/rider:

Parent/Guardian Name: _____

Relationship to minor: _____

Daytime Phone: _____ Evening Phone: _____

Cell Phone: _____ Pager: _____

Parent / Guardian Name: _____ Relationship: _____

Daytime Phone: _____ Evening Phone: _____

Cell Phone : _____ Pager: _____

Rider's Medical Information:

Birth Date: _____ Date of last Tetanus shot: _____

Existing medical conditions: _____

Allergies / Sensitivities _____

Regular Medications: _____

Personal Physician: _____ Phone: _____

Health Insurance

Carrier: _____ Plan/Policy Number: _____

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Consent to Treatment:

In the event that the above named child is injured or becomes ill and requires emergency medical treatment. I hereby consent to such emergency 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.

Signed: _____ Date: _____

Signed: _____ Date: _____