

TAMARACK FARM
362 THATCHERS MILL ROAD
PARIS, KENTUCKY 40361
859-707-5854

**** FILL OUT ONE PER RIDER ****

EMERGENCY MEDICAL RELEASE FORM

Name: _____
Soc. Sec. #: _____
Date of Birth: _____
Address: _____
City: _____
State: _____ Zip: _____

PERSON TO CONTACT IN CASE OF EMERGENCY:

Name: _____
Telephone #s: _____

HEALTH INSURANCE

Medical Insurance Company: _____
Policy #: _____
Member #: _____

MEDICAL INFORMATION

Prior Medical History: _____

Allergies: _____

Contact Lenses: _____
Medical Doctor: _____
Telephone: _____
Date of Last Tetanus Shot: _____

Other: _____
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 undersigned authorizes appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician, or the medical facility providing treatment. I agree to bear any cost connected therewith and shall pay promptly upon billing by the health care provider. Castner Investments, LLC doing business as Tamarack Farm shall incur no financial liability for medical treatment obtained pursuant to this authorization.

I have read this entire release and agree to it.

Signature Date

RELEASE FOR A MINOR RIDER (UNDER AGE 18 YEARS)
If emergency medical care is required for:
Minor'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. Castner Investments, LLC shall incur no financial liability for medical treatment obtained pursuant to this authorization.

I have read this entire release and agree to it:

(Signature of parent or legal guardian) Date

IF AVAILABLE, PLEASE ATTACH A PHOTOCOPY (FRONT AND BACK) OF APPLICABLE MEDICAL INSURANCE CARD.