

EMERGENCY MEDICAL RELEASE FORM

Youth Name _____ Date Of Birth _____

Address _____

Note: Part I Or Part II Must Be Completed

Part I: To Grant Consent

If emergency medical care is required in conjunction with the Geauga Horse & Pony Association and/or the Geauga County Agricultural Society, and if normal permission is not available in a timely manner, the undersigned authorizes appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician or the medical facility providing treatment. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Parent Or Guardian _____

Address _____ Tel. Home _____

Address _____ Tel. Office _____

If Parent Or Guardian Is Unavailable, Contact _____ Tel. _____

Family Physician _____ Tel. _____

Family Dentist _____ Tel. _____

Preferred Hospital _____

Allergies _____

Present Medication Taken _____

For _____

Medical Insurance Co. _____ Policy # _____

I HAVE READ THIS ENTIRE RELEASE AND AGREE TO IT.

Signed _____ Date _____

Part II: Refusal

I do not give my consent for emergency medical treatment. In the event of illness or injury requiring emergency treatment, I wish no action

taken or to _____

Signed _____ Date _____

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, you should make arrangements for a responsible person to accompany the minor.