



# September Song Stables



## CONSENT TO EMERGENCY MEDICAL, DENTAL, OR SURGICAL TREATMENT FOR MINOR CHILD

My name is \_\_\_\_\_.

I am the (mother) (father) (guardian) of \_\_\_\_\_ who is a minor and a riding / vaulting student at SEPTEMBER SONG STABLES.

I hereby consent to any medical, dental, or surgical treatment or procedure of an emergency nature that is reasonably necessary to save the life of the minor named above or to restore that minor to health.

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

I understand that should medical emergency treatment be required, the current insurance information listed here will be provided to the attending clinic or hospital to cover future payment of incurred bills.

### Emergency Contacts and Phone Numbers

Person to contact	Phone Number	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signed: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

SWORN TO AND SUBSCRIBED before me this \_\_\_\_\_ day of, 200 \_\_\_\_\_.

\_\_\_\_\_

Notary Public in and for the State of \_\_\_\_\_. My commission expires \_\_\_\_/\_\_\_\_/\_\_\_\_