



## MEDICAL CONSENT FORM

### Consent to Emergency Medical, Dental, or Surgical Treatment for Minor Child

My name is \_\_\_\_\_. I am the (circle) mother/ father/ guardian of \_\_\_\_\_, a minor child and riding student enrolled at \_\_\_\_\_.

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 a minor child named above or to restore the child to health.

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

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

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

#### Emergency Phone Numbers:

Number	Person to Contact	Number	Person to Contact
_____	_____	_____	_____
_____	_____	_____	_____

Signed \_\_\_\_\_

Date \_\_\_\_\_