



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 _____