**Emergency Pre-Consent Form**

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Parent / Guardian/ Adult Rider Name First Name & Last Name:

If applicable: Child's Name First Name & Last Name:

Rider's Birthdate:

Rider's Address:

Contact Phone Number:

Rider's Physician:

Preferred Hospital:

Rider Allergies:

Last DTP or Tetanus Shot:

Other Appropriate Medical Information:

I HEREBY CONSENT TO AND AUTHORIZE EMERGENCY TREATMENT WHICH YOU JUDGE AS NECESSARY FOR MY CHILD. ADDITIONALLY, I AUTHORIZE THE RELEASE OF MEDICAL INFORMATION REQUIRED BY ANY THIRD PARTY IN CONNECTIONS WITH THE PAYMENT BY IT OR ANY PORTION OF THE RELATED HOSPITAL BILL.

THIS AUTHORIZATION SHALL BE VALID FROM THIS DATE, UNTIL SUCH TIME AS MY CHILD IS NO LONGER TAKING LESSONS AT SUNDANCE FARM.

Legal Name of Rider (if adult) / Guardian/ Parent:

Signature Date:

Signature:

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