

**STONECREST FARM**  
**Summer Horsemanship Program**  
**508 South Britain Rd**  
**Southbury, CT 06488**  
**203-598-2280**

**MEDICAL FORM**

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

My name is \_\_\_\_\_ . I am the (parent)(guardian) of  
\_\_\_\_\_, a minor child and a riding student at  
Stonecrest Farm Inc.

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 child named above or to restore the child to health.

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

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

I understand that should a 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 Phone Numbers:

Mother/Guardian Name: \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Other Contact Person Name: \_\_\_\_\_

Phone: (h) \_\_\_\_\_ (w) \_\_\_\_\_ (c) \_\_\_\_\_

Please list all Allergies:

\_\_\_\_\_

NOTE: Stonecrest Farm Summer Program is unable to accommodate medical conditions which require special attention or 1:1 counselor. Please discuss with the owners should you have questions.

Signature \_\_\_\_\_ Date \_\_\_\_\_