



STONECREST FARM

Summer Horsemanship Program
508 South Britain Rd
Southbury, CT 06488
203.586.1016

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) _____

Allergies:

Signature

Date