



SANAAPHARAYRA
STABLES

Emergency Medical Authorization

Rider's Name _____		Date of Birth _____	M	F
		Sex		
Parent's/Guardian's Name _____		Parent's/Guardian's Name _____		
Home Phone _____	Work Phone _____	Home Phone _____	Work Phone _____	
Address _____		Address _____		
City, ST ZIP Code _____		City, ST ZIP Code _____		

Alternative Emergency Contacts

Primary Emergency Contact _____		Secondary Emergency Contact _____		
Home Phone _____	Work Phone _____	Home Phone _____	Work Phone _____	
Address _____		Address _____		
City, ST ZIP Code _____		City, ST ZIP Code _____		

Medical Information

Hospital/Clinic Preference _____

Physician's Name _____	Phone Number _____
Insurance Company _____	Policy Number _____

Allergies/Special Health Considerations _____

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. **This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.**

Rider's Signature _____	Date _____
Parent's/Guardian's Signature _____	Date _____
Witness Signature _____	Date _____