

# AUTHORIZATION FOR MEDICAL TREATMENT OF MINOR

This agreement, dated \_\_\_\_\_, 2004 is made between The Country Trailblazers, Inc., Stillwater Equestrian Chapter, Inc. ("Country Trailblazers") and \_\_\_\_\_ ("Parent").

Country Trailblazers is located at (Street Address of Registered Agent for Service of Process) Stillwater, New York, 12170.

Parent is the parent or guardian of the minor child ("child") \_\_\_\_\_ born \_\_\_\_\_, 19\_\_\_\_. Parent is authorized to

make medical decisions for the welfare of the minor child

In the event of child's injury or illness:

Country Trailblazers is authorized to obtain any and all medical treatment Country Trailblazers deems reasonably necessary for child's care. Country Trailblazers shall incur no financial liability for medical treatment obtained pursuant to this authorization.

I authorize Country Trailblazers to obtain emergency medical treatment for child.

I authorize Country Trailblazers to transport or make arrangements to transport for treatment for child.

I authorize Country Trailblazers to perform on-site first aid for child's minor injuries.

I agree to assume all costs related to such treatment.

I authorize my insurance company to pay benefits for the costs of such treatment.

I authorize disclosure of medical information to my insurance company.

Child's Social Security Number:

Parent's Social Security Number:

Fiona Farrell, Attorney at Law  
Full Circle Farm, 184 Lohnes Road, Stillwater, NY 12170  
518-583-7272 ffarrellesq@earthlink.net

Child's Health Insurance Plan/Identification/Policy Number:

Health Insurance Carrier:

Primary Healthcare Provider:

Telephone Number:

Date of last tetanus immunization:

Medical conditions (i.e., allergies, asthma, epilepsy, diabetes, etc.)?

Medications currently being taken and for what conditions:

Preferred Hospital:

Telephone Number:

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Name:

Address:

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Signature