Consent to Emergency Medical, Dental or Surgical Treatment of a Minor My name is . I am the (mother) (father) (legal guardian) of a minor child and a riding student at Sundance Riding Stables, 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 named above or to restore the child to health, including emergency transportation to a medical facility if deemed necessary. Family doctor name: _____ Doctor phone no. (___) Name of insurance co. ______ Policy holder: _____ Holder policy no. I understand that should 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 Contact Phone Numbers:** daytime number relationship Person to contact daytime number relationship Person to contact Known allergies or medical problems: Who has permission to pick up the camper from camp?

Parent or legal guardian completing this form