



OAK CREEK RANCH
& RIDING ACADEMY

EMERGENCY TREATMENT RELEASE FORM
(Circle one) Volunteer/Student/Boarder/Other _____

Volunteer/Student/Boarder/Other: _____

Parents or Guardians:

(if volunteer/student/boarder/other is under 18 years of age)

Address _____ City _____ State _____

Zip _____

Home: _____ Cell: _____

Emergency #: _____

Emergency #: _____

Relation to Volunteer/Student/Boarder/Other: _____

Health Insurance Company: _____

POLICY#: _____

IN CASE OF EMERGENCY: Contact _____ Phone #: _____

(if different from above) Contact _____ Phone #: _____

Preferred medical facility: _____

Describe any medical condition requiring special precautions or treatment and any medications and dosage

(A) NONE _____ (B) Please describe _____

In case of Medical Emergency, the undersigned authorizes OAK CREEK RANCH & RIDING ACADEMY to provide such medical assistance as they determine to be necessary.

The undersigned (A) does _____ (B) does not _____ authorize any licensed physician and/or medical facility to provide any medical/surgical care and/or hospitalization for the volunteer, including anesthetic, which they determine necessary or advisable, pending receipt of a specific consent from the undersigned.

SHOULD THE INSURANCE COMPANY DENY PAYMENT, THE RESPONSIBLE PARTY IS LIABLE FOR PAYMENT OF ALL MEDICAL BILLS.

Print _____ Signature _____ Date _____
Volunteer/Student/Boarder/Other Volunteer/Student/Boarder/Other

Print _____ Signature _____ Date _____
(Parent(s) or Guardian(s) if under 18 years of age)