

Sun Fire Stables Emergency Pre-Consent Form

_____ of _____
(parent/guardian) (child 1)

_____ (child 2)

_____ (child 3)

Hereby consent to and authorize emergency treatment which Sun Fire Stables of Waterford, LLC owner, staff or associates judge as necessary for my child/children. Additionally, I authorize the release of medical information required by any third party in connection with the payment of or any portion of related medical bills.

This authorization shall be valid from the following date: _____ until such time as my child/children are no longer students or clients at Sun Fire Stables of Waterford, LLC.

_____ (address)

_____ (phone 1: home work cell) (phone 2: home work cell) (phone 3: home work cell)

_____ (emergency contact 1 name) (relationship) (phone#)

_____ (emergency contact 2 name) (relationship) (phone#)

INFORMATION

_____ (**child name 1**) (birth date) (physical/mental limitations or special needs)

_____ (current medications) (allergies) (physician name)

_____ (**child name 2**) (birth date) (physical/mental limitations or special needs)

_____ (current medications) (allergies) (physician name)

_____ (**child name 3**) (birth date) (physical/mental limitations or special needs)

_____ (current medications) (allergies) (physician name)