

Medical Release Form

Participant Name: _____

Parent/Guardian (if participant under 18): _____

Phone Number(s): _____

Insurance Carrier: _____

Policy Holder Name: _____

Policy Number: _____

Emergency Contact: _____

Relation to Participant: _____

Phone Number(s): _____

Hospital Preference (in the event of an emergency): _____

I hereby give permission to Shadysprings Farm, Lee Jorgesen, and its employees to authorize medical treatment in the event of an emergency.

Signature of Participant (Parent or Guardian if Participant is under 18)