

CALIFORNIA



REINING HORSE

ASSOCIATION

It is important that you make arrangements for the medical care of your minor child while in the care of another person. These arrangements include provisions for prompt emergency medical treatment and care in the event your child is injured or becomes ill.

Unless a child's injuries are life-threatening, physicians and hospital staff need parental or guardian consent. This form allows you to consent to such treatment. Please complete the form-including pertinent data about health insurance coverage and give it to the person who will be responsible for the care of your child.

They can take the completed form with them to the hospital or physician's office.

Parental Consent for Medical Treatment of a Minor Child

Child's Name _____ Child's Birth Date _____

Street Address _____ City _____ State _____ Zip _____

Parent's/Guardian's Name _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Parent's/Guardian's Name _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

I (We) the parent(s) or guardian(s) named above, authorize the following adult caregiver to consent to any necessary examination, anesthetic, blood transfusion, medical diagnosis, etc. and/or hospital care to be rendered to the above-named minor child under the general or special supervision and on the advice of any licensed physician. I (We) agree to pay for all services provided to my child in my absence.

Caregiver _____ Phone _____

Street Address _____ City _____ State _____ Zip _____

Signatures

Parent or Guardian _____ Date _____

Parent or Guardian _____ Date _____

Witness _____ Date _____

Insurance Information

Insurance Company _____ Member Name _____

Insurance Policy Number _____

Physicians' Information

Child's Physician _____ Phone _____

Parent's Physician _____ Phone _____

