



Kat Black Equine LLC

Emergency Medical Information and Release Form

To avoid any unnecessary delay KBE at Los Gatos Farms recommends that you fill out and sign this form. You should make arrangements with a responsible person accompanying anyone under 18 at Los Gatos Farms.

Name:

Date of Birth:

Full Address:

Person to Contact in Case of Emergency

Name:

Telephone/Cell:

Medical Insurance Company:

Policy #:

Member #:

Medical Information

Prior Medical History:

Allergies:



Contact Lenses

Medical Doctor/ Telephone:

Date of Last Tetanus Shot:

Other:

Release for an Adult:

If emergency medical care is required for myself and if I, or an accompanying spouse or relative, am not able to convey permission in a timely manner, then the undersigned authorizes appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician or the medical facility providing treatment.

I have read this entire release and agree to it

Release for a Minor:

If emergency medical care is required for: Child's Name:

and if permission is not available in a timely manner, then the undersigned authorizes appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician or the medical facility providing treatment.

I have read this entire release and agree to it