



Authorization to Obtain Medical Treatment for a Minor Child

Witness this agreement and authorization by and between Edgebrook Equestrian Center, LLC, hereinafter referred to as "Management" and \_\_\_\_\_, hereinafter referred to as "Parent."

Management is hereby authorized to obtain any and all medical treatment management deems necessary for minor child and/or children.

Parent or guardian agrees to bear any cost connected therewith and shall pay promptly upon billing by the healthcare provider. Management shall incur no financial liability for medical treatment obtained pursuant to this authorization.

Name(s) of Child(ren)	Social Security Number
_____	_____
_____	_____
_____	_____

Health Insurance Carrier: \_\_\_\_\_ Plan or Identification Number: \_\_\_\_\_

Primary Healthcare Provider Name and Phone Number: \_\_\_\_\_

Parent's names and emergency telephone numbers:

Mother's Name	Work Number	Home Number	Cell Number
---------------	-------------	-------------	-------------

Father's Name	Work Number	Home Number	Cell Number
---------------	-------------	-------------	-------------

Signature of Parent/ Guardian	Date
State of ( _____ ) County of ( _____ )	

The foregoing instrument was subscribed and sworn to me by \_\_\_\_\_, Parent or Guardian, on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

My commission expires: \_\_\_\_\_