



**2010**

## **MEDICAL CONSENT**

I, \_\_\_\_\_ give my permission for Susan Hutchison Stables, Inc.  
or their agents to authorize medical care for \_\_\_\_\_  
in the event of an accident or emergency.

Insurance Company: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Policy or Group Number: \_\_\_\_\_

Employer of the Insured \_\_\_\_\_

Minor's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone# \_\_\_\_\_

Allergies to Medication: \_\_\_\_\_

Comments: \_\_\_\_\_

Signature: \_\_\_\_\_

(Signature of Parent or Guardian if participant is under 18 years of age)