



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)