



AUTHORIZATION TO OBTAIN MEDICAL TREATMENT FOR A MINOR CHILD

WITNESS THIS AGREEMENT AND AUTHORIZATION by and between Trinity River Farm & Equestrian Center hereinafter referred to as "Management" and _____, hereinafter referred to as "Parent."

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

Parent or guardian agrees to bear any cost connected therewith and shall pay promptly upon billing by the health care 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 Health Care Provider & Telephone Number:

Parent's Names and Emergency Telephone Numbers:

Mother's Name Work Telephone Home Telephone Cell Phone

Father's Name Work Telephone Home Telephone Cell Phone

Printed Name of Parent or Guardian _____

Signature of Parent or Guardian _____

Printed Name of Parent or Guardian _____

Signature of Parent or Guardian _____