



## Medical Release Form

**NOTICE TO ALL RIDERS :** To avoid any unnecessary delay in emergency medical treatment, please fill out this form.

Name: \_\_\_\_\_

Soc. Sec. #: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

### PERSON TO CONTACT IN CASE OF EMERGENCY

Name: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

Policy #: \_\_\_\_\_

Member #: \_\_\_\_\_

### MEDICAL INFORMATION

Prior Medical History: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Lenses: \_\_\_\_\_

Medical Doctor: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

Other: \_\_\_\_\_

### NOTICE TO PARENTS AND GUARDIANS

In many situations, a minor child cannot receive emergency medical care without the authorization of a parent or guardian.

### RELEASE FOR AN ADULT RIDER

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:

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

Date: \_\_\_\_\_

### RELEASE FOR A MINOR RIDER

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:

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

(parent or guardian)

Date: \_\_\_\_\_