



# Emergency Medical Release Form

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## Notice to All Riders

To avoid any unnecessary delay, the USEA recommends that you fill out and sign this form. You should make arrangements with a responsible person accompanying you to have this form available to medical personnel.

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

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

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

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

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

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

## Person to Contact in Case of Emergency

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

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

Cell: \_\_\_\_\_

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. If you are not going to be present personally at the horse trials, you should consider using this form in conjunction with your child's entry. You should make arrangements for a responsible person accompanying your child to have this form available to medical personnel if required.

## 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:** \_\_\_\_\_