

**Please Print Clearly**

**MINOR RIDER EMERGENCY INFORMATION AND CONSENT**

**Rider Information:**

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

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

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

**Person to contact in case of injury or illness to owner/rider:**

Parent/Guardian Name: \_\_\_\_\_

Relationship to Minor: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

**Rider's Medical Information:**

Birth date: \_\_\_\_\_ Hospital of Choice: \_\_\_\_\_

Existing medical conditions: \_\_\_\_\_

Allergies/Sensitivities: \_\_\_\_\_

Regular Medications: \_\_\_\_\_

Personal Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

Plan/Policy Number: \_\_\_\_\_

**Consent to Treatment:**

In the event that the above-named child is injured or becomes ill and requires emergency medical treatment, I hereby consent to such emergency medical treatment as is deemed necessary and prudent by a licensed medical professional until such time as I can be reached and consent to treatment on my child's behalf.

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

Relationship to child: \_\_\_\_\_