

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: _____