

Please Print Clearly

Date: _____ Last Name: _____

EMERGENCY MEDICAL INFORMATION AND RELEASE

In the event emergency medical care is required for Owner, Owner's family, or Owner's guests while upon the premises of Rancho de Los Amigos, and normal permission is not available in a timely manner, the undersigned hereby authorizes appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician, or the medical facility providing any treatment.

Related information: _____

Parent or Guardian of: _____

Address: _____

Phones: Home _____ Work: _____

Who to contact in an emergency: _____

Relation: _____ Phone: _____

Family Physician: _____ Phone: _____

I HAVE READ THIS RELEASE, AGREE TO ITS TERMS, AND PROVIDED THE INFORMATION INDICATED.

Dated: _____

OWNER: _____