



Scattered Acres Sport Horses LLC  
 8366 Old Nokesville Rd. Catlett, Va. 20119  
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[www.scatteredacres.net](http://www.scatteredacres.net)

## Emergency Release for Medical Treatment Student

Student Name:		Student DOB:	
Parent/Guardian Name: (if student under 18 years of age)			
Address:			
City:	State:	Zip Code:	
Home Phone: (    )		Work Phone: (    )	
Cell/Pager: (    )		Other: (    )	
Physician's Name:			
Physician's Address:			
City:	State:	Zip Code:	
Preferred Medical Facility:			
Health Insurance Company:			
Name of Insured:		Policy Number:	
Name of person authorized to give temporary assistance or care in the absence of parent or guardian:			
Describe any medical condition requiring special precautions or treatment:			
List medications and dosage: (if none, please write NONE)			

The undersigned authorizes any licensed physician and/or medical facility to provide medical/surgical care and /or hospitalization for the student, including anesthetic, which they determine necessary or advisable, pending receipt of a specific consent from the undersigned:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Parent Signature if Rider is under 18)