



OPTIONAL Medical Release Form

Delegation of Authority to Consent to Emergency Medical Procedures

***** OPTIONAL *****

I/We consent to any emergency medical procedures necessary for my child in my absence. If I am unavailable for the purpose of obtaining my consent to emergency medical procedures, I delegate my authority to consent to treat for my child/ward, _____ (Parent/Guardian Initials), to the trainer and/or staff members of **Roy-El Farm**, 501 Baker Cut Off Rd, Weatherford, TX 76087.

I/We agree to pay all fees for physicians, hospitals, ambulances, and other medical charges responsibly and necessarily incurred. This release shall be in effect until the adult student, student's parent, or guardian withdraws it in writing.

Initials: _____

I/We understand that should medical emergency treatment be required, the information listed below will be provided to the attending hospital or clinic to cover incurred bills. I/We carry current medical insurance with:

Child/Ward's Name(s):

1. _____
2. _____
3. _____

Date of Birth:

1. _____
2. _____
3. _____

Name of Insurance Company:

Group Number & Member ID: _____

Primary Policy Number:

Parent/Guardian's Signature:

Parent/Guardian's Name:

Phone:

Date:
