

Drafty Pines Farm

Rider's Emergency Information and Medical Treatment Form

Rider's Name _____ DOB _____ Phone _____

Address _____ City/State/Zip _____

In case of Emergency, please list 2 people we may contact that will be able to pick up the Rider should an emergency occur:

Name _____ Phone _____ Cell _____ Relationship _____

Name _____ Phone _____ Cell _____ Relationship _____

Physician's Name _____ Phone _____

Preferred Medical Facility _____

Health Insurance Carrier _____ Policy _____

Does the Rider have any allergies? _____ Disabilities _____

Does the Rider have any medical conditions/ or medications we should know about? _____

CONSENT PLAN: This authorization includes x-ray, hospitalization, medication and any procedure deemed "life saving" by the physician. This provision will only be invoked if the person listed below cannot be reached.

Date _____ Consent Signature _____

(Rider or Parent/Guardian)

Print Name _____ Home # _____ Cell # _____

NON-CONSENT PLAN: I do not give my consent for emergency medical treatment/aid in the case of illness or injury while being on the property of Drafty Pines Farm. In the event emergency treatment/aid is required, I wish the following procedures to take place.

Date _____ Non-Consent Signature _____

(Rider or Parent/Guardian)

Print Name _____ Home# _____ Cell # _____

*Drafty Pines Farm
P. O. Box 372, Central Village, CT 06332-0372
Phone (860) 564-4037
E-Mail: draftypinesfarm@sbcglobal.net
Website: draftypinesfarm.com*