Infinity Farms Equestrian Center

Emergency Care Form

I, _____, herby grant the staff of Infinity Farm permission to authorize care for myself/my child _____ in my absence in an emergency situation only. It is understood that this authorization is only valid within two years of the date following my signature below.

Signed: _____ Dated: _____

Allergies or other concerns: _____

_____

_____

Insurance Company:_____

Insurance information (numbers, etc.): _____

Doctor name and phone #:_____

Dentist name & phone #: _____

List of people to who my child may be release from camp/lessons in my absence:

Name	Phone #	Relationship to child/rider
_____		
_____		
_____		
_____		
_____		
_____		
_____		