



EMERGENCY MEDICAL RELEASE FORM

In many situations a minor child cannot receive emergency medical care without the authorization of a parent or guardian. If you are not personally with your child while he/she is riding or participating in an activity on Greenspace property, you must fill out this form, in addition to the Greenspace Liability Waiver, in advance.

If Emergency Care is required for:

Child's Name: _____

If my personal permission is not available in a timely manner, then I/we, undersigned, authorize(s) appropriate emergency medical care for my child, as deemed necessary by emergency medical personnel, a physician or the medical facility providing treatment.

I have read this entire release and agree to it:

Parent or Guardian (1) (Please Print): _____

Parent or Guardian (1) (Signature) _____ Date _____

Parent or Guardian (2) (Please Print): _____

Parent or Guardian (2) (Signature) _____ Date _____

Child's Information:

Child's Date Of Birth _____

Allergies _____

Medical Doctor _____

Contact Person in Case of Emergency _____

Telephone # _____