

OAK MEADOW FARM

MEDICAL RELEASE

If medical care is required for myself or my child, _____, in conjunction with any Oak Meadow Farm (OMF), DDNS LLC, ASLAN ENTERPRISES activities and if normal permission is not available in a timely manner, the undersigned do hereby consent to any hospital, medical or surgical care or treatment, and the administration of anesthesia, determined to be appropriate necessary by emergency medical personnel, a physician, or the medical facility providing treatment.

RELATED INFORMATION

Name/Parent or Guardian: _____

Address: _____

Telephone (Home): _____ (Work): _____

Emergency Contact: _____

Telephone: _____

PHYSICIAN: _____

Known allergies to: _____

Medication(s) currently being taken: _____

For: _____

Date of Birth: _____

Medical Insurance Co: _____

Policy No: _____

SPECIAL INSTRUCTIONS TO BE COMPLETED BY PARENT/GUARDIAN: As Parent or Guardian of the above named child, please attempt to contact me at the time of an accident or illness without postponing medical treatment.

Other information/instructions: _____

I HAVE READ THE MEDICAL RELEASE AND AGREE TO ITS TERMS:

Name of Parent or Guardian (PLEASE PRINT).

Date

Signature