

**DOUBLE DIAMOND EQUESTRIAN CENTER LLC
RIDING SCHOOL**

MEDICAL RELEASE

Mailing Address: 4205 FM 307

Midland, Texas 79706

Physical Address: 4201 FM 307

Midland, Texas 79706

To: Midland Memorial Hospital, Emergency Room Physician on call, or

Dr. _____ who can be reached at _____.

(your child's doctor)

(fill in doctor's number)

This is to authorize any emergency treatment necessary to be given to my child(ren) in the event my spouse or I cannot be readily located.

Our children are as follows:

NAME(S): _____ AGE(S): _____

BIRTHDATE(S): _____ ALLERGIES: _____

Mother's Name: _____ Father's Name: _____

INSURANCE PROVIDER: _____

HOME ADDRESS: _____

_____ ZIP: _____

HOME PHONE: () _____ WORK () _____

All information is complete and accurate to the best of my knowledge.

SIGNATURE: _____

ACKNOWLEDGEMENT:

THE STATE OF _____

THE COUNTY OF _____

BEFORE ME, the undersigned, a Notary Public in for said County and State, on this day personally appeared _____, known to be the person(s) who executed the within and foregoing instrument, and acknowledged to me that he (she, they) executed the same as free and voluntary act and deed for the purposes and consideration therein expressed.

GIVEN under my hand and seal of office this _____ day of _____, 20 ____.

Commission expires: _____

NOTARY PUBLIC