

# BOHEMIA CREEK STABLES, LLC.

## PARENTAL CONSENT FORM FOR MEDICAL TREATMENT

\_\_\_\_\_ (Parent/Guardian), hereinafter referred to as “Parent,” hereby Authorizes Bohemia Creek Stables, Ltd., (business name) hereinafter referred to as “Management” to obtain any and all medical treatment Management deems reasonably necessary for my minor child and/or children.

Parent agrees to bear any cost connected therewith and shall be responsible for all billing by the health care provider. Management shall incur no financial liability for medical treatment obtained pursuant to this authorization.

Name(s) of child(ren)

Social Security No.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Health Insurance Carrier: \_\_\_\_\_

Plan or Identification No.: \_\_\_\_\_

Primary Healthcare Provider: \_\_\_\_\_

\_\_\_\_\_

Signature of Parent of Guardian

State of (\_\_\_\_\_)

County of (\_\_\_\_\_)