

JOIE GATLIN-MORLEY ABEY SHOW JUMPING, INC.
31878 DEL OBISPO #118 PMB 313
SAN JUAN CAPISTRANO, CA 92675
949 - 443 - 9452

2007
MEDICAL CONSENT

I, _____, give my permission for _____

To authorize medical care for _____ in the event of an
accident or emergency.

Insurance Company: _____

Name of Insured: _____

Policy or Group Number: _____

Employer of the Insured: _____

Social Security Number of the Insured: _____

Minor's Name: _____

Date of Birth: _____

Family Physician: _____

Physician's Telephone Number: _____

Allergies to Medication: _____

Comments: _____

Signature : _____

(Signature of Parent or Guardian if participant is under 18 years of age)