

GRAND PRIX STABLES
1871 FM 407
NORTHLAKE, TX 76247
(214) 725-9755

MEDICAL CONSENT

I, _____, DO/DO NOT give my permission for Chris Nelson/ Grand Prix Stables Staff 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)