

Blue Ribbon Farms, Inc.
384 Cowpath Road Aliquippa, PA 15001
Phone 412-974-1650
Fax 724-857-1188

Authorization for Emergency Medical Treatment

Please complete with all requested information:

Students Name: _____ Phone _____

Address _____

Emergency Contacts:
Parent or Guardian: _____ Phone _____

Other Contact: _____ Phone _____

Physician's Name: _____ Phone _____

Preferred Medical Facility: _____

Health Insurance Co.: _____

Please note on the back of this form any medical considerations including allergies (bee stings, asthma, etc.), conditions requiring regular physicians care, and prescribed medications taken regularly.

Please initial only one, sign and complete below:

CONSENT

The undersigned hereby grants to staff members of Blue Ribbon Farms, Inc. The authority to receive information pertaining to health care of the student named below and to make health care decisions with respect to the student if the undersigned is unavailable to obtain such information or make decisions.

_____ **I DO** consent to Blue Ribbon Farms, Inc. obtaining health care information or making health care decisions concerning the student in the event I am unavailable in an emergency.

NONCONSENT

Blue Ribbon Farms, Inc. requires an attendant to remain on the property with any students who do not have a consent signature. If the undersigned does not desire to grant a staff member of Blue Ribbon Farms, Inc. authority to obtain health care information or to make health care decisions for the student if the undersigned is unavailable, please initial the box below and state if the student becomes ill or is involved in an accident and the undersigned is unavailable:

_____ **I DO NOT** consent to Blue Ribbon Farms, Inc. obtaining health care information or making health care decisions concerning the student and I will always have a responsible party on site during lessons in case of an emergency.

Date: _____ Signature: _____

(Student or Parent/Guardian if under 18)