

BEAR CREEK STABLES, INC., RIDING CAMP

Mailing Address: P.O. Box 1571

Physical Address: 13017 Bob Johnson Rd.

Manchaca, Texas 78652

To: South Austin Medical Center (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: \_\_\_\_\_

IMMUNIZATIONS: Attach a copy of shot records to the back of this form.

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