EMERGENCY CONTACT CARD - GRACEWOOD STABLES

NAME: _____

PHONE: _____

IN CASE OF EMERGENCY CONTACT:

1. Name: _____ Relation: _____ Phone: _____

2. Name: _____ Relation: _____ Phone: _____

MEDICAL INFO:
Blood Type: _____ Allergies: _____

Medications: _____

Medical Conditions: _____

Preferred Hospital: _____

Insurance: _____ Policy #: _____

Doctor: _____ Phone: _____

□ Permission to call 911
□ Permission to transport to hospital
□ Permission to authorize emergency treatment

Signature: _____ Date: _____

*Signature of parent or guardian if under 18 years of age