

LEAVITT HILL STABLES, LLC

AUTHORIZATION TO OBTAIN MEDICAL TREATMENT FOR MINOR CHILD

WITNESS THIS AGREEMENT AND AUTHORIZATION by and between LEAVITT HILL STABLES, LLC hereinafter collectively referred to as "STABLE," and _____, hereinafter referred to as "PARENT."

STABLE is hereby authorized to obtain any and all medical treatment STABLE deems reasonably necessary for PARENT's minor child and/or children.

Parent or guardian agrees to bear any cost connected therewith and shall pay promptly upon billing by the health care provider. STABLE shall incur no financial liability for medical treatment obtained pursuant to this authorization.

Name(s) of child(ren)

Health Insurance Carrier: _____

Plan or Identification No.: _____

Primary Healthcare Provider: _____

Emergency Contact Person: _____

Phone Number: _____

Agreed to by:

Signature of Parent or Guardian _____

Name of Parent or Guardian _____

Dated: _____

Address: _____

Phone: _____

Email: _____