

Fall City Pony and Horse Farm

Party Ponies, Inc.
2411 316th Ave SE
Fall City, WA 98024
425.765.0558

EMERGENCY MEDICAL RELEASE INFORMATION FORM

I _____ (print parent/guardian) give my permission to have my child
_____ (print child) receive medical treatment in the event of an
emergency, accident or illness, if deemed necessary and appropriate by Party Ponies, Inc. and its
employees/agents.

Address: _____
Phone: _____ Work Phone: _____ Cell Phone: _____

Emergency Contacts: (includes parent/guardian)

Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____
Name: _____ Relationship: _____ Phone: _____

Physician: _____ Phone: _____
Address: _____

Dentist: _____ Phone: _____
Address: _____

Childs Information:

Date of Birth: _____ Insurance Provider: _____
Policy #: _____ Current Medications: _____
Please list all Allergies : _____

Other pertinent health information: _____

I HAVE READ THIS ENTIRE RELEASE AND AGREE TO IT:

I give permission for Party Ponies, Inc. and its employees to seek medical attention for my child and relinquish all
claims I may have against Party Ponies, Inc. and all its employees/agents.

Signature of parent/guardian

Date