

EMERGENCY MEDICAL RELEASE

I give Jennifer Shannon, anyone authorized expressly by her, or any member of the staff of Cornerstone Farm, or its authorized representative permission to provide emergency medical care and/or transportation for me, or for my child(ren), and I agree that should emergency medical treatment be required, I and/or my own accident/medical insurance company shall pay for ALL such incurred expenses.

This release covers the following individuals:

_____	_____
Name	Date of Birth
_____	_____
Name	Date of Birth
_____	_____
Name	Date of Birth

Signature

Date

Printed Name

Cell Phone: _____

Home Phone: _____

Alternate Emergency Contact: _____

Alternate Phone: _____

Insurance Company: _____

Group or Affiliation: _____

Policy # _____