

**Doriette Farm, LLP
3440 Moody Parkway
Moody, AL 35004
205-601-0583**

EMERGENCY MEDICAL RELEASE FORM

Name _____
SSN _____
Date of Birth _____
Address _____
City _____
State _____ ZIP _____

PERSON TO CONTACT IN CASE OF EMERGENCY

Name _____
Home phone _____
Work phone _____
Cell phone _____

HEALTH INSURANCE

Medical Insurance Provider

Policy# _____
Member# _____

MEDICAL INFORMATION

Prior Medical History

Allergies

Contact lenses _____
Medical Doctor _____
Phone _____
Date of last tetanus shot _____
Other _____

RELEASE FOR AN ADULT RIDER

If emergency medical care is required for myself and if I, or an accompanying spouse or relative, am not able to convey permission in a timely manner, then the undersigned authorizes appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician or the medical facility providing treatment. I agree to bear any cost connected therewith and shall pay promptly upon billing by the health care provider. Doriette Farm shall incur no financial liability for medical treatment obtained pursuant to this authorization.

I have read this entire release and agree to it:

Signature _____

Date _____

RELEASE FOR A MINOR RIDER

If emergency medical care is required for:

Child's Name _____

And if permission is not available in a timely manner, then the undersigned authorizes appropriate emergency medical care as deemed necessary by emergency medical personnel, a physician or the medical facility providing treatment. Doriette Farm shall incur no financial liability for medical treatment obtained pursuant to this authorization.

I have read this entire release and agree to it:

Signature _____

(parent or guardian)

Date _____