



Blue Shadows Mounted Drill Team

Parents Consent Form for Emergency Medical Treatment

(To be completed by parent or legal guardian or adult member)

We, the undersigned parent(s), or legal guardian (or adult member) of _____,
(Print Name)
do hereby authorize the adult leaders (senior officers) of Blue Shadows Mounted Drill Team to act as agent(s) for the undersigned to consent to any emergency medical or surgical diagnosis or treatment or hospital care deemed advisable by or administered by A duly licensed physician, in the event such help of an emergency nature becomes necessary.

This authorization is given pursuant to the provisions of section 25.8 of the California Civil Code and in no event will the Blue Shadows Mounted Drill Team, its officers, Leaders or agents be held liable for any first aid or surgical treatment or procedures performed pursuant to this consent.

Signature of both parents/legal guardians (or adult member):

1. _____
(Signature)

Date: _____

(Print Name)

2. _____
(Signature)

Date: _____

(Print Name)