

# Happy Talk Farm

Happy Talk Farm / Happy Talk, Inc.  
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## EMERGENCY MEDICAL RELEASE FORM

PLEASE BE ADVISED THAT IF INJURY SHOULD OCCUR TO ME, MY SON OR DAUGHTER: NAME:

\_\_\_\_\_

A REPRESENTATIVE OF HAPPY TALK FARM HAS MY FULL PERMISSION TO SEEK NECESSARY MEDICAL TREATMENT.

MY INSURANCE CARRIER : \_\_\_\_\_

MY POLICY NUMBER IS: \_\_\_\_\_

I OR MY CHILD HAS ALLERGIES TO ANY MEDICATION. YES NO (circle one)

*(Please indicate as to your allergies or your child's)*

ALLERGIES: \_\_\_\_\_

IN THE EVENT THAT MEDICAL RECORDS ARE NEEDED,

\_\_\_\_\_ IS THE PHYSICIAN TO BE CONTACTED.

TELEPHONE : \_\_\_\_\_

EMERGENCY CONTACT

PERSON(s): \_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBERS: \_\_\_\_\_

IF THE CONTACT PERSON CANNOT BE REACHED, AN AGENT OF HAPPY TALK FARM MAY USE HIS OR HER JUDGEMENT WITHOUT ANY LIABILITY.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

NOTARY PUBLIC, STATE OF FLORIDA AT LARGE MY COMMISSION EXPIRES \_\_\_\_\_