

Happy Talk Farm

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EMERGENCY MEDICAL RELEASE FORM

PLEASE BE ADVISED THAT IF INJURY SHOULD OCCUR TO MYSELF, MY SON OR DAUGHTER, _____,

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

MY INSURANCE CARRIER IS _____

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#s _____

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 _____