

## **Emergency Contact Information & Medical Treatment Authorization**

THREE COPIES OF THIS FORM SHALL BE COMPLETED BY THE PARENTS OR GUARDIANS OF EACH RIDER ANNUALLY AND RETURNED TO THE TROOP ADJUTANT FOR DISTRIBUTION. ONE COPY MUST BE IN POSSESSION OF THE ADULT-IN-CHARGE DURING EACH CALIFORNIA RANGERS ACTIVITY, THE SECOND COPY SHALL BE RETAINED BY THE TROOP ADJUTANT, AND THE THIRD COPY SHALL BE FORWARDED TO THE REGIMENTAL ADJUTANT. NEW FORMS SHALL BE PREPARED IN THE EVENT OF ANY CHANGED INFORMATION/STATUS AND DISTRIBUTED AS ABOVE. PLEASE PRINT ALL INFORMATION.

CADET NAME:	DATE OF	DATE OF BIRTH:TROOP:		
ADDRESS:	ZIP:	HOME PHONE #:		
PARENT'S/GUARDIAN'S NAME:				
ADDRESS:				
MOM CELL #: DAD CELL #:		WORK PHONE #:		
IF THE ABOVE CAN NOT BE CONTACTED IN AN EMERGENCY	, PLEASE NOTIFY:			
1) NAME:CLOSEST RELATIVE	RELATION	NSHIP:		
ADDRESS:				
2) NAME:ADULT FAMILY FRIEND/NEIGHBOR	RELATION	NSHIP:		
ADDRESS:	ZIP:	TELEPHONE #:		
3) FAMILY PHYSICIAN:				
ADDRESS:	ZIP:	TELEPHONE #:		
ARE ALL SHOTS UP-TO-DATE? YES NO	DATE LAS	DATE LAST TETANUS SHOT:		
MEDICAL CONDITIONS/ALLERGIES:				
LIST ANY REQUIRED MEDICATION(S):				
TO BE COMPLETED A	AND SIGNED BY PARENTS/GU	ARDIANS		
THE UNDERSIGNED PARENTS/GUARDIANS OF INCORPORATED DOES NOT PROVIDE ANY MEDICAL COVERAGE FOR ITS MI				
MEDICAL INSURANCE COVERAGE. THE RANGER LISTED ABOVE HAS MEDICA POLICY # I/WE AUTHORIZE THE C				
SURGICAL DIAGNOSIS OR TREATMENT AND HOSPITAL CARE DEEMED ADVISABLE AND RENDERED BY ANY LICENSED PHYSICIAN OR IS GIVEN IN ADVANCE OF ANY REQUIRED CARE TO EMPOWER THE AGENT(S				
ADVISABLE. (SEE SECTION 25.8 OF THE CALIFORNIA CIVIL CODE). THIS AUUNLESS SOONER REVOKED IN WRITING.	UTHORIZATION SHALL REMAIN EFFE	CTIVE FROM JANUARY 20	, TO JANUARY 20	
MOTHER'S/FATHER'S/LEGAL GUARDIAN'S SIGNATURE:		DATE	:	
PRIMARY EMAIL:				
MOTHER'S/FATHER'S/LEGAL GUARDIAN'S SIGNATURE:		DATE	<u> </u>	
PRIMARY FMAII:				



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1) NAME:CLOSEST RELATIVE				
ADDRESS:	ZIP:	TELEPHONE #:		
2) NAME:ADULT FAMILY FRIEND/NEIGHBOR	RELATIONSHII	):		
ADDRESS:	ZIP:	TELEPHONE #:		
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THE UNDERSIGNED PARENTS/GUARDIANS OF	IEMBERS. THEREFORE, MEMBERS ARE NO AL INSURANCE COVERAGE BY	T PERMITTED TO RIDE OR BE NEAR HORSES WITHOU		
POLICY # I/WE AUTHORIZE THE C	CALIFORNIA RANGERS, AS AGENT(s), TO	CONSENT TO ANY X-RAY, ANESTHETIC, MEDICAL OF		
CARE DEEMED ADVISABLE AND RENDERED BY ANY LICENSED PHYSICIAN OF IS GIVEN IN ADVANCE OF ANY REQUIRED CARE TO EMPOWER THE AGENT(S ADVISABLE. (SEE SECTION 25.8 OF THE CALIFORNIA CIVIL CODE). THIS AUDILESS SOONER REVOKED IN WRITING.	s) TO GIVE CONSENT FOR SUCH TREATME	NT AS THE PHYSICIAN/SURGEON MAY DEEM		
MOTHER'S/FATHER'S/LEGAL GUARDIAN'S SIGNATURE:		DATE:		
PRIMARY EMAIL:				
MOTHER'S/FATHER'S/LEGAL GUARDIAN'S SIGNATURE:		DATE		
DRIMADY EMAIL:		DATE.		



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PRIMARY FMAII:				