

**United States Mounted Games Association  
Medical Release for minors under age 18**

If medical care is required for \_\_\_\_\_ in conjunction with any USMGA activity or related transportation, and if normal permission is not available in timely manner, the undersigned authorizes appropriate medical care as deemed necessary by emergency medical personnel, a physician, or the medical facility providing treatment.

**Please print legibly.**

Child's Name		Date of Birth
Parent or Guardian		
Address		
Home Phone		
Cell Phone		
Work Phone		
If parent/guardian not available contact:		Phone:
Family Physician		Phone:
My child is allergic to		
My child takes the following medication(s)		
Medications taken for:		
Other medical conditions:		
Primary Medical Insurance Company		Policy Number
Secondary Medical Insurance Company		Policy Number

**SPECIAL INSTRUCTION:**

As parent or guardian of the above named child, please attempt to contact me at the time of the accident or illness without postponing medical treatment.

I HAVE READ THIS ENTIRE RELEASE AND AGREE TO IT.

\_\_\_\_\_  
Original Signature of Parent or Guardian

\_\_\_\_\_  
Date

**OTHER INSTRUCTIONS:**

We recommended that you check with your local emergency room for their information. Emergency rooms that require legal authority for treatment in the absence of the parents or guardians will be of assistance in helping you obtain necessary information.