



Rancho Santa Fe Association
Osuna Ranch
Emergency Medical Release

In circumstances requiring medical attention or a situation reasonably believed by Rancho Santa Fe Association, its authorized agents, employees or representatives to be an emergency, I authorize Rancho Santa Fe Association, its authorized agents, employees or representatives to obtain emergency medical care for me or my minor child _____ of whom I am the parent or legal guardian. I will be responsible for any expenses incurred in so doing, including but not limited to care by health care professionals, hospital care, and ambulance or other services.

I hold harmless and agree to indemnify Rancho Santa Fe Association, its authorized employees, agents or representatives from decisions to seek emergency treatment.

Name _____

Name of Minor Child _____

Date of Birth _____

Address _____

Physician's Name and Phone Number _____

Primary Insurance Company _____

Insurance Company Phone Number _____

Member Policy Number _____

Member Group Number _____

Subscriber _____

Subscriber's Employer _____

Emergency Contact and Phone Number _____

Relationship to Participant _____

Existing Health Problems _____

I voluntarily sign this authorization; I have read it and understand its contents and significance.

Signature of Participant

Date