

OFF THE BEATEN PATH, INC.
and Gold Card Club

PAUL GIFFORD, PRESIDENT

CORKY DALLMANN, ADMINISTRATOR

800.221.3155
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P.O. BOX 853
FARIBAULT, MN 55021

OFFICE HOURS
10 am-5 pm MON-FRI
www.otbp.info

EMERGENCY MEDICAL CARE AUTHORIZATION

I, _____, herein give Off the Beaten Path, Inc. permission to
(Parent/Guardian/Self-Guardian)
procure emergency medical care, and to sign necessary medical release forms for

_____ while on vacation.
(Consumer)

This permission is given with the understanding that the attending physician, in his/her professional opinion, deems emergency medical attention necessary. Off the Beaten Path, Inc. will make an effort to contact the parent or guardian prior to assuming the responsibility for signing a release for emergency treatment. Only in the event that the parent or guardian cannot be contacted, or cannot come to the hospital themselves to sign, is this authorization to be used.

OFF THE BEATEN PATH, INC. CAN NOT BILL MEDICAL ASSISTANCE.

I have read, understood, and agreed to the Reservation Policies and Contract (blue form).

Signed _____
(Parent/Guardian/Self-Guardian)

Medical/Health/Identifying Information

NAME _____ ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

HEIGHT _____ WEIGHT _____ HAIR COLOR _____ EYE COLOR _____

D.O.B _____ AGE _____ SEX _____

DISTINGUISHING FEATURES _____

PHYSICIAN'S NAME _____ PHONE _____

_____ SOC.SEC.# _____

(Hospitalization Ins. Name and #, or Medical Assistance #)

24-Hour Contact Person's Name Address Phone Number

