

MANE & TAILL Therapeutic Horsemanship Academy

Authorization for Emergency Medical Treatment

Nature of Activity: Rider _____ Event Participant _____ Volunteer _____

Name _____ Date of Birth _____ Phone () _____

Address _____ City _____ State _____ Zip _____

Physician's Name _____ Phone () _____

Preferred Medical Facility _____

Health Insurance Company _____ Policy # _____ Group # _____

Allergies to medications _____

Current medications _____

In the event of an emergency contact:

Name _____ Relation _____ Phone () _____

Name _____ Relation _____ Phone () _____

Name _____ Relation _____ Phone () _____

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize MANE & TAILL Therapeutic Horsemanship Academy to:

1. Secure and retain medical treatment and transportation if needed, and
2. Release client records upon request to the authorized individuals or agency involved in the emergency treatment.

Consent Plan

This authorization includes x-rays, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Date _____ Consent Signature _____ (client, parent/legal guardian)

Date _____ Witness Signature _____ (client, parent/legal guardian)

Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency. The event emergency treatment is required, I wish the following procedures to take place _____

Date _____ Consent Signature _____ (client, parent/legal guardian)

Date _____ Witness Signature _____ (client, parent/legal guardian)