Authorization For Emergency Medical Treatment

Name:________________________________DOB:_______________Phone:________________________
Address:____
Physician's Name:___________________________Preferred Medical Facility:_______________________
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 High & Mighty Therapeutic Riding and Driving Center, Inc., I authorize High and Mighty Therapeutic Riding and Driving Center, Inc. to:

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

Consent Plan

This authorization includes x-ray, 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:____
Signature of parent/legal guardian/conservator of participant in his/her Name. REQUIRED if participant is under 18.

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 High & Mighty Therapeutic Riding and Driving Center, Inc..

Parent of Legal guardian will remain on site at all times during equine assisted activities. In the event emergency treatment/aid is required, I wish the following procedure to take place:

Date:_____________________ Consent Signature:____
Signature of parent/legal guardian/conservator of participant in his/her Name. REQUIRED if participant is under 18.