



Horseplay Therapeutic Riding Program, Inc.

A 501(c)(3) Non-profit Organization

www.horseplaytherapy.org



Authorization For Emergency Medical Treatment

Check one: Client Volunteer Staff

Name Date of Birth:

Address: Phone:

Preferred Medical Facility

Physician's Name: Phone:

Health Insurance Co. Policy #:

Emergency Info:

Contact Name: Relation: Phone #:

Contact Name: Relation: Phone #:

HEALTH HISTORY

Please describe your current health status, particularly regarding the physical/emotional demands of working in a therapeutic riding program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries, or lifestyle changes.

Allergies to Medications

Current Medications:

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, volunteering, or while being on the property of the agency, I hereby authorize Horseplay Therapeutic Riding Program, Inc. to: 1. Secure and retain medical treatment and transportation if needed; 2. Release client or volunteer records upon request to the authorized individual or agency involved in the medical emergency treatment.

CONSENT PLAN (Parents/legal guardians must sign for children under 18 or for wards of the court)

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 below is unable to be reached.

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, volunteering, or while being on the property of the agency. In the event emergency aid/treatment is required, I wish the following procedures to take place (If you choose this plan, you must fill in some specifics for the aid which you will/will not allow):

Signature: Print Name: Date:

(Client/ Parent/legal guardian must sign for children under 18 or wards of the court.)

Signature of Parent/Guardian: Print Name: Date:

Address