

Once Up on a Horse Authorization for Emergency Medical Treatment

Rider/Staff/Volunteer/Family

Name: _____ D.O.B.: _____ Phone: _____

Address: _____

Physician's Name: _____ Preferred Medical Facility: _____

Health Insurance Company: _____ Policy #: _____

Allergies: _____

Current medications: _____

In the event of an emergency, contact:

Name: _____ Relationship _____ Phone (H/W) _____

Cell Phone: _____

Name: _____ Relationship _____ Phone (H/W) _____

Cell Phone: _____

In the event that emergency medical aid/treatment is required during lessons, I authorize Staff of Once Up on a Horse to:

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

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) listed above is unable to be reached in a timely manner. The undersigned shall pay all fees for doctor's hospital, ambulances and other medical charges reasonable and necessarily incurred. This release shall be in full force and effect until it is withdrawn by the above or parent/guardian

Date: _____ Consent signature: _____

Client, Parent or Legal Guardian if under 18