



Lee-Mar Ranch Equine Center
and MN Valley Riding Academy
 Healing *Hearts* with *Hands & Hooves*

Authorization for Emergency Medical Treatment Form

Participant Staff Volunteer

Name: _____ DOB: _____ Phone: _____

Address: _____

Physician's Name: _____ Preferred Medical Facility: _____

Health Insurance Company: _____ Policy #: _____

Allergies to Medications: _____

Current Medications: _____

In the event of any emergency contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

Consent Plan

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 _____ to:

Lee-Mar Ranch Equine Center, Inc.

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

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

Date: _____ Consent Signature: _____

Client, Parent or Legal Guardian
Signed in presence of center staff

Non-Consent Plan

I do NOT give my consent for emergency medical aid/treatment in the case of illness or injury during the process of receiving services or while being on the property of the agency.

- Parent or legal guardian will remain on site at all times during equine assisted activities.
- In the event emergency aid/treatment is required, I wish the following procedures to take place.

Date: _____ Non-Consent Signature: _____

Client, Parent or Legal Guardian
Signed in presence of center staff