



Changing the lives of people with disabilities using the movement of the horse.

*Janie Larson, President
Stuart Daly, Vice President*

Authorization for Emergency Medical Treatment

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving service, or while being on the property of the agency, I authorize **Little Britches Therapeutic Riding** 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 medical emergency treatment.

Student's Name

Address

In case of emergency: _____
Contact 1: _____ Phone _____

Contact 2: _____ Phone _____

Preferred Medical Facility: _____ Phone _____

Health Ins. Co: _____ Policy # _____



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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 listed below is unable to be reached..

Consent Signature
(Student, Parent, or Guardian)

Date

Print Name

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.

Non-Consent Signature
(Student, Parent, or Guardian)

Date

Print Name