

**AUTHORIZATION AND INFORMED CONSENT  
FOR EMERGENCY MEDICAL TREATMENT**

TO: Riverwood Therapeutic Riding Center, Inc.

FROM: \_\_\_\_\_ (Name of Participant)

In the event of a medical emergency due to illness, injury, or unconscious situation occurring on the premises of Riverwood Therapeutic Riding Center, Inc., the undersigned, if the contact person can not be contacted, authorizes Riverwood Therapeutic Riding Center, Inc., to secure medical treatment and transportation if needed, and upon request to release any participant records in the possession of Riverwood Therapeutic Riding Center, Inc., to the authorized individual or agency involved in the medical emergency treatment. A medical emergency shall be a situation where the participant is either unconscious, ill, or injured, when the reasonably apparent circumstances require prompt decisions and actions in medical or other health care, and when the necessity of immediate medical health treatment is so reasonably apparent that any delay in the rendering of the treatment would seriously worsen the physical condition or endanger the life of the participant.

PERTINENT DATA (Participant to fill in):

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State & Zip code: \_\_\_\_\_

**CONTACT PERSON (S)** \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Medical Facility \_\_\_\_\_

Health Insurance Co \_\_\_\_\_ Policy# \_\_\_\_\_

**SIGN ONLY ONE SECTION BELOW**

**Consent Plan**

If the participant, due to injury or if a minor, is unable to give consent, and if the contact person(s) named above cannot be reached immediately by phone, then and in such event this medical authorization form may be used by Riverwood Therapeutic Riding Center, Inc.

The undersigned further states that he/she has read, understands, and voluntarily agrees to execute this form giving informed consent and authorization as stated above.

Participant's Signature (if an adult) \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature (if participant is a minor) \_\_\_\_\_ Date \_\_\_\_\_

**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 Riverwood Therapeutic Riding Center.

- Parent or legal guardian will remain on site at all times during the equine assisted services.

**Only Sign Here for NON Consent**

Participant's Signature (if an adult) \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature (if participant is a minor) \_\_\_\_\_ Date \_\_\_\_\_