



HorseFriends, Inc.
PO Box 10211
Greensboro, NC 27404

AUTHORIZATION AND INFORMED CONSENT FOR EMERGENCY MEDICAL TREATMENT

TO: HorseFriends, Inc FROM: _____ (Participant or Parent/Legal Guardian)

In the even of a medical emergency due to illness, injury, or unconscious situation occurring on the premises of HorseFriends, Inc., the undersigned, if the contact person can not be contacted, authorizes HorseFriends, Inc. to secure medical treatment and transportation if needed, and upon request to release any participant records in the possession of HorseFriends, 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's Name _____ Phone _____

Address _____

CONTACT PERSON(S) _____ Phone _____

_____ Phone _____

Physician's Name _____ Phone _____

Preferred Medical Facility _____

Health Insurance Co. _____ Policy # _____

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 HorseFriends, 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.

Signature of Participant or Parent/Legal Guardian

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 HorseFriends, Inc.

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

Only Sign Here for NON Consent

Signature of Participant or Parent/Legal Guardian

Date