

Physician:	Physician Contact Number:		
IN CASE OF EMERGENCY			
EMERGENCY CONTACT:	Relationship to camper:	Home phone no.: ()	Work phone no.: ()

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 the Morningside Stables staff 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.

CONSENT PLAN

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked if the Parent, Guardian or Emergency Contact individual indicated is unable to be reached.

AGREED:

Parent or Guardian

Name signed _____ Date _____

OR

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.

Parent or Guardian

Name signed _____ Date _____

If this option is selected,

- The Parent or legal guardian shall remain on site at all times while rider/volunteer is receiving services or on the property
- In the event that emergency treatment/aid is required, I wish the following procedure to occur:
