

Authorization for Emergency Medical Treatment Paradise Ranch

2822 Paradise Lane, Springfield, TN 37172 Tel: (615) 382-5616

In the event emergency medical aid/treatment is required; due to illness or injury during the course of giving or receiving lessons or while being on the property of the agency, I authorize Paradise Ranch to:

- I. Secure and retain medical treatment and transportation if needed.
2. Release rider's records upon request to the authorized individual or agency involved in the medical emergency treatment.

Name: _____ Relationship: Rider Volunteer Employee

Address: _____ Phone: _____

City, State, Zip: _____

Parent/Guardian (if Applicable): _____ Phone: _____

In the event I cannot be reached:

Contact: _____ Phone: _____

Contact: _____ Phone: _____

Physician's Name: _____ Phone: _____

Preferred Medical Facility: _____

Health Insurance Co: _____ Policy # _____

Consent Plan

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed emergency medical treatment by the physician. This provision will only be invoked if the person listed below is unable to be reached.

Consent Signature: _____ Date: _____

(Client, Parent, Guardian or Volunteer)

Print Name: _____ Phone: _____

Address: _____

Non Consent Plan (Alternative)

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. In the event emergency treatment/aid is required, I wish the following procedures to take place: _____

Non-Consent Signature: _____ Date: _____

(Client, Parent, Guardian or Volunteer)

Print Name: _____ Phone: _____

Address: _____