Appalachian Therapeutic Riding Center
Authorization for Emergency Medical Treatment Form

☐ Participant ☐ Staff ☐ Volunteer

Name ____

Address ____
Street / PO Box *City* *State* *Zip*

Telephone ____ DOB _________________

Physician's Name_________________________________ Medical Facility__ _____________

Health Insurance Company _________________________________Policy # ______________

Allergies to Medications ____

Current Medications ____

In the event of an emergency, contact:
Name________________________________Relation _______________Phone___________
Name _______________________________ Relation_______________ Phone___________
Name _______________________________ Relation _______________Phone___________

In the event of emergency medical aid/treatment is required to due illness or injury during the process of receiving services, or while being on the property of the agency, I authorize Appalachian Therapeutic Riding Center to:

1. Secure and maintain medical treatment and transportation if needed.
2. Release participant 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 "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Consent Signature __________________________________ Date _______________________
Participant, parent or legal guardian
Witness ____ 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 the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:
____
____
Consent Signature __________________________________Date___________________________
Participant, parent or legal guardian
Witness ____Date___________________________

Warning: Under North Carolina Law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting exclusively from the inherent risks of equine activities. Chapter 99E of the North Carolina Statues.

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