Rider's Authorization for Emergency Medical Treatment Form

(Please Print)

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 Riding Centre to:

1. Secure and retain medical transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the emergency medical treatment.

Client:_____ **Phone:**_____

Address:_____

In the event I cannot be reached, contact:_____ **Phone:**_____

contact:_____ **Phone:**_____

Physician's Name:_____

Preferred Medical Facility: _____

Health Insurance Co.:_____ **Policy#:**_____

Consent Plan

This authorization includes x-ray, surgery, hospitalization, medication and any treatment deemed "life saving" by the physician. This provision will be invoked only if the person named below cannot be reached.

Date:_____ **Consent Signature:**_____
(Client/Parent/Guardian)

Print Name:_____ **Phone:**_____

Address:_____

Non-Consent Plan

I do not 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:

_____

_____

_____

Date:_____ **Non-Consent Signature:**_____
(Client/Parent/Guardian)

Print Name:_____ **Phone:**_____

A COPY OF THE COMPLETED MEDICAL HISTORY SHOULD BE ATTACHED TO THIS FORM.

Under Ohio 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 from inherent risks of equine activities. *(Ohio Revised Code 2305.321)*