

Authorization for Emergency Medical Treatment Form

I hereby give permission for the applicant as named below, that 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 SunCatcher 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.

Participant's Name _____ Phone _____

Address _____

Please list two people who may be contacted in case of emergency.

Name _____ Phone _____

Name _____ Phone _____

Physician's Name _____

Preferred Medical Facility _____

Health Insurance Co. _____ Policy # _____



Consent Plan: This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will be invoked only if the person(s) listed as guardian or emergency contacts is (are) unable to be reached. **(signature required)**



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: _____

OR

In an effort to document the positive effects that riding has on individuals with special needs, we are implementing an ongoing research component within our program. Each participant will automatically be included in this aspect of the program. This research study is done with consultation from other professionals and will be compiled and documented in a manner that protects the anonymity of our participants in strict compliance with current privacy practices. Participation in these assessments will provide us, and other therapeutic riding centers, with invaluable information to enhance programming.



signature of parent, legal guardian, applicant if own guardian, or authorized person



witness



date

_____ We are unable to obtain signatures at this time. A copy of this selection has been sent to the appropriate individual for signatures and will be mailed to SunCatcher Therapeutic Riding Academy, Inc., prior to the applicant's participation in the program.