

# TROT

## Therapeutic Riding of Temecula



951 326-6464

*Touch a Miracle*

*www.TROTwithhorses.com*

### Authorization for Emergency Medical Treatment

Participant  Staff  Volunteer

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

Physician's Name: \_\_\_\_\_  
Preferred 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: \_\_\_\_\_

### Consent Plan

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 **Therapeutic Riding of Temecula** 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. 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.

Date: \_\_\_\_\_ Consent Signature: \_\_\_\_\_

Client, Parent or Legal Guardian

*Signed in presence of center staff*

**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 legal guardian will remain on site at all times during equine assisted activities
- In the event emergency treatment/aid is required; I wish the following procedure to take place:

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Date: \_\_\_\_\_ Non-Consent Signature: \_\_\_\_\_

Client, Parent or Legal Guardian

*Signed in presence of center staff*