



EMERGENCY TREATMENT RELEASE

Name: _____ Date of Birth: _____
(Last) (First) (Middle Initial) (mm/dd/yyyy)

Parent/Guardian Name(if under 18 yrs old): _____
(Last) (First)

Address: _____
(number) (street) (unit/apt #) State Zip Code

Primary phone number: _____ (home work cell)
Circle one

Secondary phone number: _____ (home work cell)
Circle one

Primary Email: _____

Physician's Name: _____ Telephone: _____

Address: _____
(number) (street) (unit/suite #) State Zip Code

Health Ins Provider: _____ Policy #: _____

Name of Emergency Contact: _____ Phone: _____

Relationship: _____

LIST ANY ALLERGIES: _____





EMERGENCY TREATMENT RELEASE

DESCRIBE ANY MEDICAL CONDITIONS REQUIRING PRECAUTIONS/TREATMENT & ANY MEDICATIONS WITH DOSAGE:

_____ **I GIVE MY CONSENT:** In case of a medical emergency, the undersigned authorizes Pegasus Springs Therapeutic Riding Center to provide such medical assistance as they determine to be necessary. The undersigned authorizes any licensed physician and/or medical facility to provide medical surgical care and/or hospitalization for the participant, including anesthetic, which they determine to be necessary or advisable, pending receipt of a specific consent from the undersigned.

_____ **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:

No participant can be accepted for riding instruction until this form has been completed and signed. If the participant is of legal age (18), he or she may complete the form if he/she is legally competent to do so. Riding instruction will be under strict supervision, and although every effort will be made to avoid any accident, NO LIABILITY can be accepted by any of the organizations concerned including Pegasus Springs Therapeutic Riding Center.

SIGNATURE: _____ **DATE:** _____

SIGNATURE: _____ **DATE:** _____
(of parent or guardian if under 18 yrs old)

