Horses Unlimited, Inc.
P.O. Box 30194
Cromberg, CA. 96103
(530) 836-4551
HorsesUnlimited.Inc@gmail.com

A Charitable Organization Providing Therapeutic Horseback Riding For People With Special Needs

Authorization for Emergency Medical Treatment

In the event of emergency medical aid or 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 Horses Unlimited, Inc. 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.**

Client's Name _____ Phone _____
Address _____
E-mail _____
In the event that I cannot be reached, Contact _____ Phone _____
Contact _____ Phone _____
Physician's Name _____ Phone _____
Preferred Medical Facility _____ Phone _____
Health Ins. 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 only be invoked if the person below is unable to be reached.

Date _____ Consent Signature _____
(Client, Parent or Guardian)
Print Name _____ Phone _____
Address _____

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:

_____
_____
_____
_____
_____

Date _____ Non-Consent Signature _____
(Client, Parent or Guardian)
Print Name _____ Phone _____
Address _____

A COPY OF THE COMPLETE MEDICAL HISTORY MUST BE ATTACHED TO THIS FORM