

SERENDIPITY EQUINE HAVEN



Where Dreams Are Born and Hopes Are Raised

Participant/Rider/Athlete Emergency Medical Consent Form

Consent Plan

In the event that emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while on the property of the agency, I authorize Serendipity Equine Haven to:

1. Secure and retain medical treatment and transportation if needed
2. Release client records upon request to authorized medical personnel

This authorization includes X-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by any physician. This provision will only be invoked if the person below is unable to be reached. I hereby give my consent for emergency medical aid/treatment in the case of illness or injury during the process of receiving services or while on the property of the agency.

Participant Name: _____

Consent Signature: _____ Date: _____

(Parent/Legal Guardian if under 18)

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 declining consent, the parent or legal guardian must remain on Serendipity property at all times during equine assisted activities. In the event emergency treatment/aid is required, I wish the following procedures to take place: _____

Participant Name: _____

Non-Consent Signature: _____ Date: _____

(Parent/Legal Guardian if under 18)

Additional Information:

Insurance Carrier: _____

Policy Number: _____ Preferred Hospital _____

Emergency Contact: _____

Relationship: _____ Home Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____