



30 Martin Drive Reinholds, PA 17569

Triangle Therapeutic Riding Authorization for Emergency Medical Treatment

In the event of emergency medical aid/treatment is required due to illness or injury during the following process of receiving services or while being on the property of the agency, I authorize Triangle Therapeutic Riding 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 with the medical emergency treatment.

Client's name: _____ Phone: _____

Address: _____

In the event I cannot be reached: (parent or guardian)

Contact: _____ Phone: _____

Contact: _____ Phone: _____

Physician's name: _____

Preferred medical facility: _____

Health Insurance co: _____ Policy #: _____

Consent Plan:

This authorization includes x-ray, surgery, hospitalization, medical 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: _____
(by Parent/Guardian)