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Statesboro-Bulloch Co. Parks & Recreation
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STIRRUP SOME FUN THERAPEUTIC RIDING PROGRAM

Phone (912) 764-5637
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Authorization for Emergency Medical Treatment Form

Name:_____ DOB:_____ Phone:_____

Address:_____

Physician's Name:_____ Preferred Medical Facility:_____

Health Insurance Company:_____ Policy Number:_____

Allergies to Medications:_____

Current Medications:_____

In the event of an emergency, contact:

Name:_____ Relation:_____ Phone:_____

Name:_____ Relation:_____ Phone:_____

Name:_____ Relation:_____ Phone:_____

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 the Statesboro-Bulloch County Parks and Recreation Department 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.

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(s) above is unable to be reached.

Signature:_____ Date:_____

(Signed by Client, Parent or Legal Guardian in the presence of a Stirrup Some Fun Representative)

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 receiveing services or while being on the property of the agency.

1. Parent or legal guardian will remain on site at all times during equine assisted activities.
2. In the event emergency treatment/aid is required, I wish the following procedure take place:

_____

_____

_____

Signature:_____ Date:_____

(Signed by Client, Parent or Legal Guardian in the presence of a Stirrup Some Fun Representative)