



Authorization for Emergency Medical Treatment Form

Participant

Staff

Volunteer

Name: _____ DOB: _____

Phone: _____

Address: _____

Physician's Name: _____

Medical Facility: _____

Health Insurance Company: _____

Policy#: _____

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 Just Cruising Equestrian Center, LLC 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.

Date: _____ Consent Signature: _____
Client, Parent or Legal Guardian

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: _____ Consent Signature: _____
Client, Parent or Legal Guardian

PHOTO RELEASE

For valuable consideration given and which is hereby acknowledged, the undersigned hereby ____ **DO grant or ____ DO NOT grant** to JUST CRUISING EQUESTRIAN CENTER, LLC permission to take or have taken, still and moving photographs and films including television pictures of our child/self _____ and consents and authorizes JUST CRUISING EQUESTRIAN CENTER, LLC, its advertising agencies, news media and any other persons interested in JUST CRUISING EQUESTRIAN CENTER, LLC, and its work, to use and reproduce the photographs, films and pictures to circulate and publicize the same by all means including without limited the generality of the foregoing newspapers, television media, brochures, pamphlets, instructional materials, books and clinical material.

With regard to the foregoing material, no inducements or promises other than the intention of JUST CRUISING EQUESTRIAN CENTER, LLC to use or be used such photographs, films and pictures for the primary purpose of promoting and aiding JUST CRUISING EQUESTRIAN CENTER, LLC and its work.

Dated _____ Signed _____