

Emergency Treatment Form

Please mail to: Northland Therapeutic Riding Center, P.O. Box 1267, Kearney, MO 64060

IN CASE OF EMERGENCY (Information will be kept confidential and used only in an emergency)

No individual can be accepted as a Volunteer or Rider in Northland Therapeutic Riding Center's program until this form has been completed by his/her parent or guardian or by the individual if he/she is a legally competent adult age 18 or over. Riding instructions will be under strict supervision, and although every effort will be made to avoid any accident, no liability can be accepted by any of the individuals or organizations concerned or by Northland Therapeutic Riding Center or its personnel. Completion of this form constitutes permission for the named individual to participate as a volunteer or rider in the program.

Name: _____

Home Phone: _____ Work Phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian name (If under 18 years): _____

Parent/Guardian Phone: _____ Home Phone: _____ Work Phone: _____

Physician's Name: _____

Physician's Phone: _____

Allergies to any medications: Yes ___ No ___

If yes, please describe: _____

Person who should be notified in case of emergency (please provide name in absence of parent or guardian):

Name: _____

Home Phone: _____ Work Phone: _____

Relationship: _____

AUTHORIZATION FOR PURPOSE OF PROVIDING MEDICAL TREATMENT

You are being asked to complete this form to give an appropriate medical facility permission to treat

for minor injury or medical problems. In the event of serious injury or illness, the parent/guardian or emergency contact listed above will be contacted; treatment will proceed before contacting them only if the situation is urgent and does not permit delay.

Preferred medical facility: _____

Insurance Company: _____

In case of medical emergency, the undersigned authorizes the Northland Therapeutic Riding Center riding instructor, therapist, or executive director to seek any medical and/or surgical treatment necessary for the care of

who is participating as a volunteer or rider in Northland Therapeutic Riding Center's program with parent/guardian permission (if under the age of 18).

I understand that no liability can be accepted by any individual or organization concerned with this program in the event of any accident which may occur.

Signature: _____ Date: _____

Choose appropriate title: Parent/Guardian ____ Adult Volunteer ____ Adult Rider ____

Witness: _____ Date: _____

IF DECLINING MEDICAL TREATMENT, PLEASE SIGN BELOW

___ I am declining medical treatment.

Signature: _____ Date: _____

If declining medical treatment, please indicate what steps you want NTRC to take in case of an emergency:
