

Authorization for Emergency Medical Treatment

Rider's Name: _____

In the event that emergency medical aid/treatment is required due to illness or injury while being at Fox Field Farm, I authorize Fox Field Farm staff to:

1. Secure and retain medical aid/treatment and transportation if needed.
2. Release records upon request to the authorized individual or agency involved in the medical emergency treatment.

Emergency contact: _____ Phone: _____

Emergency Contact Other than Parent/Guardian: _____ Phone: _____

Physicians name: _____ Phone: _____

Preferred Medical Facility: _____

Health Insurance Carrier: _____ Policy #: _____

Medical conditions, medications, or allergies we should know about:

Date of last Tetanus shot: _____

CONSENT PLAN: (To be invoked in the event that your Emergency Contact cannot be reached). I give consent for emergency medical treatment/aid (including x-ray, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician) in the event of illness or injury while at Fox Field Farm.

Date: _____ Consent Signature: _____

(Parent or Legal guardian if rider/volunteer is under 18 years of age.)

NON-CONSENT PLAN: I do not give consent for emergency medical treatment/aid in the event of an illness or injury while at Fox Field Farm. IN the event of an emergency treatment/aid is required. I wish the following procedure(s) to take place:

Date: _____ Non-consent signature: _____

(Parent or Legal guardian sign if rider/volunteer is under 18 years of age.)