Hoofbeats & Heartbeats, Inc. 12301 95th Street NE Elk River, MN 55330

Rider's Authorization for emergency Medical Treatment Form

In the case of an emergency medical aid / treatment is required due to illness or injury during the process of receiving services, or while on the property, I authorize Hoofbeats & Heartbeats 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.

Client: _____ DOB_____ Age_____

Address_____City,State,Zip_____

Home Phone_____ Work _____ Cell_____

In the event that I can *not* be reached please contact:
In case of emergency: Name_____ Relation _____

Phone_____ or _____

Name_____ Relation _____

Phone_____ or _____

Physician's Name_____ Facility _____

Phone_____ or _____

Health Insurance Company _____ Group #_____ Policy # _____

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 above is unable to be reached.

Signature of Client/Parent or Guardian: _____ Date _____

Non-Consent Plan: I do not give my consent for emergency medical aid / treatment in the case of illness or injury during the process of receiving services or while being on the property. In the event of emergency aid / treatment is required, I wish the following procedure to take place:

Signature of Client/Parent or Guardian: _____ Date _____