Equine Magic Therapeutic Services

At Horizon Stables
730 Rubright Road
Apollo, PA. 15613

Lisa Schartiger, MPT
670 Carnahan Road
Avonmore, PA. 15618

Participant's Authorization for Emergency Medical Treatment
Please print clearly

Participant's name:_____ Date of Birth:_____ Phone:_____
Address:_____
Physician's Name:_____ Medical Facility:_____
Health insurance Co._____ 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, while being on the property of the agency, and the above can not be reached, I authorize Lisa Schartiger, MPT to:

1. Secure and retain medical treatment and transportation if needed.
2. Release participant 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 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 of emergency treatment/aid is required, I wish the following procedure to take place:

_____

Date:_____ Non-consent Signature:_____