



# Talbot Special Riders, Inc.

Therapeutic Horseback Riding

P.O. Box 391

Easton, MD 21601

## RIDER'S AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

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 Kimberly Hopkins/Talbot Special Riders, Inc., I authorize Talbot Special Riders, Inc. 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's Name:

Phone:

Address:

In the event client cannot, legally or physically, speak for herself/himself, contact:

Name (please print):

Phone:

Name (please print):

Phone:

Physician's Name (please print):

Phone:

Health Insurance Co.:

Policy #

## CONSENT PLAN

This authorization includes x-ray, surgery, hospitalization and any treatment procedure deemed "life saving" by the physician. This provision will only be involved if the contact person cannot be reached and/or the patient is unable, legally or physically, to speak for herself/himself:

Consent signature:

Date:

Client, Parent or Guardian/Caregiver

Print Name:

Phone:

Address:

## 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 Kimberly Hopkins/Talbot Special Riders, Inc. In the event emergency treatment/aid is required, I wish the following procedures, for which I take full responsibility, to take place.

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Non-consent signature:

Date:

Client, Parent or Guardian/Caregiver

Print Name:

Phone:

Address: