White Rock Ranch Horse Rescue and Retirement, Inc.
733 Geronimo Trail, Yucca Valley, CA 92284
951-532-2417
info@ whiterockranchhorserescueca.org
whiterockranchhorserescueca.org

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 the agency, I authorize WHITE ROCK RANCH HORSE RESCUE 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.

Rider/Volunteer Name: _____

Address:_____City: _____Zip Code:_____

Telephone: (_____) _____ Date of Birth:_____

Parent/Guardian/Emergency Contact Person: *(Person who is authorized to give temporary assistance/ care in absence of parent/guardian)*

1. Name: _____Phone: (_____)_____ Relationship_____

2. Name: _____Phone: (_____)_____ Relationship_____

3. Physician's Name: _____Phone: (_____)_____

Preferred Medical Facility: _____

Health Insurance Company:_____ Insurance ID_____

ALLERGIES, MEDICAL CONDITIONS and MEDICATIONS

(Please list any medical problems, special situations, seizure activity, etc.)

_____

_____

CONSENT PLAN

This authorization includes X-ray, surgery, hospitalization, medical and any treatment deemed "Life Saving" by the physician. This provision will only be invoked if the person listed below is unable to be reached.

Date:_____ Consent Signature:_____

(Rider, Volunteer or Parent/Guardian if rider or volunteer is under the age of 18)

PRINT Contact Name:_____ Phone: (_____)_____

Address: _____

NON-CONSENT PLAN

I do not give my consent to 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 emergency treatment/aid is required, I wish the following procedures to take place:_____

Date:_____ Non- Consent Signature:_____

(Rider, Volunteer or Parent/Guardian if rider or volunteer is under the age of 18)

PRINT Contact Name:_____ Phone: (_____)_____

Address: _____