

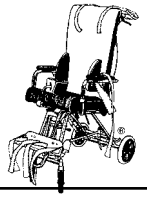


Jamestown New Horizons Riding For The Disabled

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“Gone Riding”

Rider’s Authorization for Emergency Medical Treatment Form

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 Jamestown New Horizons 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.

Child’s Name _____ Phone _____

Address _____

In the event I cannot be reached, contact _____ Phone _____

contact _____ Phone _____

Physician’s Name _____

Preferred Medical Facility _____

Health Insurance Co. _____ 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 below is unable to be reached.

Date _____ Consent Signature _____

Client, Parent or Guardian

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 the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Date _____ Non-Consent Signature _____

Client, Parent or Guardian

Print Name _____ Phone _____

Address _____

A COPY OF THE COMPLETED MEDICAL HISTORY SHOULD BE ATTACHED TO THIS FORM.