

Tack Up Therapeutic Riding, Inc.
Litchfield, OH 44253
ride@tackuptr.org
(330) 267-9902

Emergency Authorization

Name _____ D.O.B. ___/___/___ Soc. Sec. # _____
Address _____
Mother (if minor) _____ Father (if minor) _____
Address _____ Address _____
Home Phone # _____ Home Phone # _____
Work Phone # _____ Work Phone # _____
Language spoken at home: _____ Insurance/Medicaid # _____

In the event of reasonable attempts to contact me at home or work have been unsuccessful, I hereby give consent for 1) the administration of any treatment deemed necessary by my preferred doctor,

Dr. _____ at telephone no. _____ or my preferred dentist,
Dr. _____ at telephone no. _____ or, in the event that the designated practitioner is not available, by another physician or dentist; and,

2) the transportation of myself/my child to _____ Hospital, or to any hospital reasonably accessible.

In the event of an accident, injury or sudden illness, I give consent to and authorize Tack Up Therapeutic Riding, Inc. to summon a physician to perform medical treatment, transport to or request hospital admission or treatment billable to my insurance coverage under (name of company and subscriber #) _____ and/or at my expense as may be necessary and for qualified personnel to perform necessary medical procedures.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before surgery is performed.

Facts concerning the individual's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted include: _____

Persons to be contacted in the event of an emergency if a parent/guardian cannot be reached (list two people):

Name	Name
Home Phone #	Home Phone #
Cell Phone #	Cell Phone #
Work Phone #	Work Phone #
Rel. to Client	Rel. to Client

Acceptance

Signed: _____ Rel. To Client _____ Date ___/___/___

Refusal

I do not give consent for emergency medical treatment. In the event of illness or injury requiring emergency medical treatment, I understand that Christina Gerber must nevertheless act in the interests of health and safety and may need to call emergency personnel. I request that such personnel take no action until I or my legal designee can be contacted directly. I further understand that this form will be transported with me/my child.

Signed: _____ Rel. to Client _____ Date ___/___/___