

MEDICAL HISTORY & EMERGENCY TREATMENT RELEASE INFORMATION

Name: _____ Date of Birth: _____
Last First

Height: _____ Weight: _____

MEDICAL INFORMATION

Physician: _____

Address: _____ Hospital: _____

Medical Insurance Company: _____

Address: _____

Policy Number: _____ group # _____

Company or Agent Phone: _____

Medical History

Allergies: _____

Current Medications: _____

Please describe your current health status, particularly regarding the physical/emotional demands of working in an equine-assisted program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations and/or surgeries, or lifestyle changes _____

IN CASE OF EMERGENCY:

Notify: _____ Phone: _____

Address: _____ Relationship: _____

Or,

Notify: _____ Phone: _____

Address: _____ Relationship: _____

Or,

Notify: _____ Phone: _____

Address: _____ Relationship: _____

Consent Plan

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 Stable Hands 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.

This authorization includes radiography, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the emergency contact person(s) above is unable to be reached.

Consent signature: _____ Date: _____

Parent/Legal Guardian: _____

Non-Consent Plan

I DO NOT give my consent for emergency medical treatment/aid in the case of illness of injury during the process of receiving services or while being on the property of the agency.

- ***Parent/legal guardian or caregiver will remain at activity site at all times during equine assisted activities.***

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

Non-Consent signature: _____ Date: _____

Parent/Legal Guardian: _____