



**Therapeutic Equestrian Program  
Enrollment Paperwork**

**AUTHORIZATION FOR  
EMERGENCY MEDICAL TREATMENT**

Participant: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Primary Contact Name: \_\_\_\_\_

Relation: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**In the event of an emergency**

Preferred medical facility: \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_

Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Preferred phone (circle): Home Cell

Emergency Contact 2: \_\_\_\_\_

Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Preferred phone (circle): Home Cell

In the event of an emergency medical aid/treatment is required due to illness or injury while receiving services, or while on the property of Furnace Brook Farm, I authorize Furnace Brook Farm to:

1. Secure and retain medical treatment and transportation, as needed.
2. Release participant's records upon request to the authorized individual or agency involved in the medical emergency treatment.

This release includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "lifesaving" by the physician or other licensed medical provider. **This consent will only be used if the person(s) listed as emergency contacts cannot be reached.**

**Consent Signature (Client, Parent, or Legal Guardian):**

\_\_\_\_\_ (Date) \_\_\_\_\_