



*Therapeutic Riding  
Enrollment Paperwork*

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

Participant's Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

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

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

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

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

**In the event of an emergency**

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

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

Relationship: \_\_\_\_\_ Home Ph: \_\_\_\_\_

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

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

Relationship: \_\_\_\_\_ Home Ph: \_\_\_\_\_

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

In the event 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 and authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" 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: \_\_\_\_\_