



Authorization for Emergency Medical Treatment

Participant

Name: _____ DOB: _____ Phone: _____

Address: _____

Health Insurance Company: _____ Policy #: _____

Physician's Name: _____ Physician's Phone: _____

Allergies to medications: _____

Current medications: _____

In the event of an emergency, contact:

1. Name: _____ Relation: _____ Phone: _____

2. Name: _____ Relation: _____ Phone: _____

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 Simple Changes, Inc. 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.

Δ 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(s) above is unable to be reached.

Signature: _____ Date: _____

Participant (if over 18), Parent or Legal Guardian

Subsequent Year Initials: _____ Date: _____ Subsequent Year Initials: _____ Date: _____

Participant (if over 18), Parent or Legal Guardian

Participant (if over 18), Parent or Legal Guardian

OR Δ 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.

- Parent or legal guardian will remain on site at all times during equine assisted activities
- In the event emergency treatment/aid is required, I wish the following procedure to take place:

Signature: _____ Date: _____

Participant (if over 18), Parent or Legal Guardian



Participant Liability Release

RELEASE OF LIABILITY

Participant's Name _____ would like to take part in activities at Simple Changes, Inc. I acknowledge the risks and potential for risks of horseback riding and related activities. However, I feel that the possible benefits to me/ my son/ my daughter/ my ward/my guests are greater than the risk assumed. I hereby, intend to be legally bound for myself/ my heirs and assigns, executors or administrators, waive and release all claims for damages against Simple Changes, Inc., its Board of Directors, Instructors, Therapists, Aides, Volunteers, Employees, Contributors, Horse Owners, and/or Simple Changes Farm, LLC, for any and all Injuries and/or losses I/ my son/ my daughter/ my ward/my guests may sustain while participating in activities at Simple Changes, Inc.

Signature: _____ **Date:** _____
Participant (if over 18), Parent or Legal Guardian

Subsequent Year Initials: _____ Date: _____
Participant (if over 18), Parent or Legal Guardian

Subsequent Year Initials: _____ Date: _____
Participant (if over 18), Parent or Legal Guardian