

Living Hope Equine Therapy



AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

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: Living Hope Equine Therapy to:

- Secure and retain medical treatment and transportation if needed.
- Release client record upon request to the authorized individual or agency involved in the medical emergency treatment.

Client's Name: _____

Physician's Name: _____

Preferred Medical Facility: _____

Insurance: _____

Living Hope Instructor: _____ Phone: _____

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 below is unable to be reached.

Consent Signature: _____ Date: _____

Client (parent or guardian if minor client)

Print Name: _____ Phone: _____

Living Hope Equine Therapy

(817)-909-6830

tammi.livinghope@outlook.com

408 Hogans Dr., Trophy Club, TX 76262

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

Non-Consent Signature: _____ Date: _____
Client (parent or guardian if minor client)

Print Name: _____ Phone: _____

Please return completed forms in person, by mail, or by email at:

Living Hope Therapy Center
New Participant Registration
408 Hogans Dr.
Trophy Club, TX 76262
tammi.livinghope@outlook.com

WARNING: UNDER TEXAS LAW (CHAPTER 87, CIVIL PRACTICE & REMEDIES CODE) A FARM ANIMAL PROFESSIONAL IS NOT LIABLE FOR AN INJURY TO OR THE DEATH OF A PARTICIPANT IN FARM ANIMAL ACTIVITIES RESULTING FROM THE INHERENT RISKS OF FARM ANIMAL ACTIVITIES.