



TRIPLE H RANCH & THERAPEUTIC HORSEMANSHIP

Emergency Contact Form

Participant/Volunteer Name: _____

1st Contact Name: _____

Relationship: _____ Phone: _____

2nd Contact Name: _____

Relationship: _____ Phone: _____

Physician: _____ Phone: _____

Hospital/Clinic & location: _____

This authorization includes x-rays, surgery, hospitalization, and medication and any treatment procedure deemed "life saving" by the physician. This provision will ONLY be invoked if your emergency contacts are unable to be reached.

_____ I DO give my consent to Triple H Ranch & Therapeutic Horsemanship, LLC. for emergency medical treatment/aid & transportation in the case of illness or injury while being on the property of Triple H Ranch.

_____ I DO NOT give my consent to Triple H Ranch & Therapeutic Horsemanship, LLC. for emergency medical treatment/aid & transportation in the case of illness or injury while being on the property of Triple H Ranch. If treatment/aid is required, I wish the following procedure to take place: _____

Volunteer/Client/Guest Name (please print): _____ Date _____

Volunteer/Client/Guest Signature: _____ Date _____

Parent/Guardian Name (please print) _____ Date _____

Parent/Guardian Signature _____ Date _____