



Triple H Ranch & Therapeutic Horsemanship
5405 N. Kennedy Rd. Milton, WI 53563 608-289-4313



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, medication, and any treatment procedure deemed "life-saving" by the physician. This provision will only be invoked if your emergency contacts are unreachable.

_____ **I DO give my consent** to Triple H Ranch & Therapeutic Horsemanship Foundation, Inc., 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 Foundation, Inc. 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:

Participant/Volunteer/Guest Name (please print): _____

Participant/Volunteer/Guest Signature: _____

Date _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____

Date _____