



**Return forms to:**  
HCEC  
6441 Highway 431 S.  
Owens Cross Roads, AL 35763  
**Telephone: (256) 533-7433**

**RIDER'S AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT**

RIDER'S NAME \_\_\_\_\_ PHONE \_\_\_\_\_

PARENT (S) AND/OR GUARDIAN (S) NAME \_\_\_\_\_

EMERGENCY AND/OR CELL PHONE NUMBER \_\_\_\_\_

ADDRESS \_\_\_\_\_

IN THE EVENT I CANNOT BE REACHED, CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_

PHYSICIAN'S NAME \_\_\_\_\_

PREFERRED MEDICAL FACILITY \_\_\_\_\_

HEALTH INSURANCE CO. \_\_\_\_\_ POLICY # \_\_\_\_\_

**CONSENT PLAN**

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 **HAMPTON COVE EQUESTRIAN CENTER** to:

- 1) Secure and retain medical treatment and transportation as needed.
- 2) Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

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.

Date \_\_\_\_\_ Signature \_\_\_\_\_

Consent Signature of Parent, Guardian or Client

Print Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**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:

\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_

Non-Consent Signature of Parent, Guardian or Client

Print Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**A STATEMENT OF ANY MEDICAL HISTORY ISSUES OF CONCERN SHOULD BE ATTACHED TO THIS FORM.**

**WARNING: Under Alabama law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to the Equine Activities Liability Protection Act.**