P.O. Box 463
Maple Plain, MN 55359
(952) 934-0057
Fax: (952) 974-9688
www.wecanride.org

Received______________
(Office use only)

2019 Authorization for Emergency Medical Treatment

Submit to office

		OFFICE USE
Client's Name: ______________________________	**Phone:** ________________	*I*____________
Address: ______________________________	**City, State, Zip:** ________________	*day/time*__________
Clinic Phone: ______________________________		*II*____________
Preferred Medical Facility: ______________________________		*day/time*__________
Health Insurance Co.: ______________________	Policy #: ________________	*III*____________
Allergies to medications: ______________________________		*day/time*__________
Current medications: ______________________________		*IV*____________
______________________________		*day/time*__________
Please list two people who may be contacted in case of emergency (these may include guardian)		*V*____________
Name: ____________________ Relation: __________	Phone: ________________	*day/time*__________
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 *We Can Ride, 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.
3. To take all other reasonable measures to secure medical aid for the emergency.

Non consent option- Only complete if you do NOT consent to Emergency Medical Treatment.

Non Consent Option: If (circle one) parent/guardian/self does not consent to above emergency procedures, and wishes alternate action taken, please state so here:

____

____

____

NON CONSENT SIGNATURE ONLY:____

Photo Release

CHECK ONE: I hereby (**do consent** ☐ **/ do not consent** ☐) to and authorize the use and public distribution of any and all photographs of myself or others for whom I am authorized to give consent, including the use of audio/visual materials for promotion, education or exhibition or any other use to benefit *We Can Ride, Inc.*

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I have read, and understand all the material in this document. Unless otherwise noted on the non-consent lines, I hereby consent and agree to the conditions set forth herein.

Signature of Release ✗____ Date ______________________

Client, Parent or Guardian

Updated 10/11/2018