



RIDE ON ST LOUIS

Rider's Authorization for Emergency Medical Treatment Form

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 _____ Ride On St Louis 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.

Client's Name: _____ Phone: _____

Address: _____

In the event I cannot be reached, contact: _____ Phone: _____

contact: _____ Phone: _____

Physician's Name: _____ Phone: _____

Preferred Medical Facility: _____

Health Insurance Co: _____ Policy #: _____

Allergy's _____

Medications _____

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.

Date: _____ Consent Signature: _____

(Client, Parent, or Guardian)

Print Name: _____ Phone: _____

Address: _____

Non-Consent Plan

I do not give 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 medical treatment/aid is required, I wish the following procedures to take place:

Date: _____ Non-Consent Signature: _____

(Client, Parent, or Guardian)

Print Name: _____ Phone: _____

Address: _____