

Karen Siran-Loughery, OTR/L Inc.

## Dream Therapies

9011 Sierra Palms Way, Henderson, NV, 89074

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### **Participant's Authorization for Emergency Medical Treatment** *To be completed by participant or their parent/legal guardian*

Participant: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

**Primary Health Insurance name, member group and contact number:** \_\_\_\_\_

Secondary Insurance name, member group and contact number: \_\_\_\_\_

In the event of an emergency contact

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event that emergency medical care is required due to illness or injury during the process of participating in hippotherapy/therapeutic riding/therapy services, or while being on the property of the above agency, and the above can not be reached, I authorize, Karen Siran-Loughery OTR/L Inc. to:

1. secure and retain medical treatment and transportation if needed.
2. Release participant records upon request to the authorized individual or agency involved in the emergency medical care.

#### **Consent Plan**

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician providing emergency care. This provision will only be invoked if the person above cannot be reached.

\_\_\_\_\_  
Signature and printed name of client/client's parent/legal guardian Date

\_\_\_\_\_  
Signature and printed name of witness Date

#### **Non-Consent Plan**

I do not give my consent for emergency medical care 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 that emergency treatment/aid is required, I wish the following procedures to take place:

\_\_\_\_\_  
Signature and printed name of client/client's parent/legal guardian Date

\_\_\_\_\_  
Signature and printed name of witness Date