

Seaside Therapeutic Riding Inc.

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(s) listed above cannot be reached

Date: _____ Consent Signature: _____

(Client, Parent, or Legal Guardian)

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 JAMAICA BAY RIDING ACADEMY In the event emergency treatment/aid is required, I wish the following procedures to take place:

Date: _____ Non-Consent Signature: _____

(Client, Parent, or Legal Guardian, Sign in Present of
Seaside Therapeutic Riding Staff)