



SEAPONY FARM

Authorization for Emergency Medical Treatment

Name: _____ (print legibly)

Allergies: _____

Medications: _____

Primary Care Physician: _____

Medical Insurance Provider: _____

Consent Plan: In the event emergency medical aid and or treatment is required due to illness, injury or accident during the process of participating in activities at Nantucket Therapeutic Equestrian Center, Inc. or Seapony Farm or at off site activities sponsored by Nantucket Therapeutic Equestrian Center, Inc. or Seapony Farm, I authorize Nantucket Therapeutic Equestrian Center, Inc. or Seapony Farm personnel to secure and retain medical treatment and transportation if needed for myself or for my minor child or ward,

Name: _____ (print legibly)

Authorization Includes: x-rays, hospitalization, medication and any treatment procedure deemed necessary by the physician or emergency medical personnel. I understand that the paid staff at Nantucket Therapeutic Equestrian Center, Inc. or Seapony Farm is CPR and First Aid Certified, but will defer to emergency medical professionals in any circumstance other than minor illness, injury or accident.

Signed: _____ Date: _____

If for minor or ward, that person's name: _____

.....

Emergency Contact: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Alternate Contact: _____

Home phone: _____ Work Phone: _____ Cell Phone: _____

