

Heavenly Hoofs, Inc
Osceola Heritage Park
Mailing address:
1633 East Vine Street, Suite 200
Kissimmee, Fl 34747
407-933-RIDE

Medical Emergency Treatment Form

If emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being Heavenly Hoofs' property, I authorize Heavenly Hoofs 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.

Participant's name: _____ Phone: _____

Address: _____

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

Contact: _____ Phone: _____

Physician's Name: _____

Preferred Medical Facility: _____

Health Insurance Co.: _____ Policy #: _____

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 _____

Participant, Parent, or Guardian

Print Name: _____ Phone: _____

Address: _____

Non-Consent Plan

I do not give my 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 Heavenly Hoofs. If emergency treatment/aid is required, I wish the following procedures to take place:

Date: _____ Non-Consent Signature: _____

Participant, Parent, or Guardian

Print Name: _____ Phone: _____

Address: _____



Liability Release

_____ (Participant's name) would like to participate in the Heavenly Hoofs Inc. Therapeutic Horseback Riding Program. I acknowledge the risks and potential for risks of horseback riding. However, I feel that the possible benefits to myself/my son/my daughter/my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors and administrators, waive and release forever all claims for damages against Total Life Counseling Center, Inc., & Heavenly Hoofs Inc, its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in Heavenly Hoofs Inc. Therapeutic Horseback Riding Program. I hereby consent to and authorize the use and reproduction by Total Life Counseling Center, Inc., & Heavenly Hoofs Inc. of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward for promotional printed material, education activities or for any other use for the benefit of the program.

Date: _____ Signature: _____

Participant, Parent, or Guardian