

Application Date: _____

RIDE WITH PRIDE, INC.
P.O. Box 1203, Staunton, VA 24402-1203

AUTHORIZATION FOR EMERGENCY TREATMENT

In the event emergency 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 With Pride, Inc. 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.

Name: _____ Phone: _____

Address: _____

In Case of Emergency, Contact: _____ Phone: _____

Or Contact: _____ Phone: _____

Physician' Name: _____ Phone: _____

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 listed above is unable to be reached.

Consent Signature: _____ Date: _____
Client, 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 in the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Consent Signature: _____ Date: _____
Client, Parent, or Guardian

Print Name: _____ Phone: _____

Address: _____

A copy of the completed medical history should be attached to this form.