

**The Equine Encounter
Guided Horsemanship Activities**

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Authorization For Emergency Medical Treatment

In the event emergency medical aid/treatment is required due to
illness or injury while participating in equine activities in

The Equine Encounter

offered by Mary Ellen Connett, M.S. through *EquiHeart*
at Ridgeway Place, I authorize Mary Ellen Connett, M.S.,
or any associate, assistant, independent contractor or volunteer to:

_____ Secure and retain medical treatment and transportation as needed.

_____ Release information upon request by authorized individuals in the
emergency medical treatment team.

**THIS AUTHORIZATION INCLUDES EMERGENCY MEDICAL SERVICES/AMBULANCE,
X-RAY, SURGERY, HOSPITALIZATION, MEDICATION AND ANY TREATMENT
PROCEDURE DEEMED "LIFE SAVING" BY THE PHYSICIAN. THIS PROVISION
WILL BE AUTOMATICALLY INVOKED IF IT IS IMPOSSIBLE TO COMMUNICATE
WITH THE DESIGNATED EMERGENCY CONTACT.**

Emergency Contact: _____

Home Phone: _____ Work Phone: _____ Cell/Pager: _____

Second Emergency Contact: _____

Home Phone: _____ Work Phone: _____ Cell/Pager: _____

Preferred Medical Facility: _____

Address: _____ Phone: _____

Primary Physician: _____ Phone: _____

Health Insurance Company: _____ Phone: _____

Insured: _____ Policy Number: _____

Consent Signature: _____ Date: _____

If the participant has a known physical problem prior to entering *EquiHeart* Basic Horsemanship Activities, information about this problem must be on file for use in an emergency.