The Horsepower Equine Assisted Learning (HEAL) Foundation
Medical History, Emergency Information, & Health Care Consent

Client:___________________________ Phone Numbers 1.______________ 2. _________________

1st Emergency Contact____________________ Relationship to Client ____________ Phone _______________

2nd Emergency Contact____________________ Relationship to Client ____________ Phone _______________

Client's Primary Physician____________________________________ Phone Number______________________

Preferred Medical Facility: ____

Treating Psychiatrist if any:__________________ Counselor/Therapist if any: __________________________

Emergency Medical <u>Consent</u>

The undersigned hereby grants to any *The Horsepower Equine Assisted Learning (HEAL) Foundation* affiliate/employee/intern/volunteer the authority to receive information pertaining to the emergency health care of the client named below and to make emergency health care decisions with respect to the client if the undersigned is unavailable to obtain such information or make such decisions.

Client's Name____ Phone:_____________________

Address:____

Client's Name:____ Date:____________

Client's Signature:____ Date:____________

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Emergency Medical <u>Non-Consent</u>

If the undersigned <u>does not</u> desire to grant any *The Horsepower Equine Assisted Learning (HEAL) Foundation* affiliate/employee/intern/volunteer information or to make health care decisions for the client if the undersigned is unavailable, please initial on the line below and state the procedures to be followed if the client becomes ill or is involved in an accident and the undersigned is unavailable.

_____ I Do Not Consent to any *The Horsepower Equine Assisted Learning (HEAL) Foundation* affiliate/employee/intern/volunteer obtaining health care information or making emergency health care decisions concerning the client.

Procedures to be followed: ____

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Client's Name:____ Date:____________

Client's Signature:____ Date:____________

The Horsepower Equine Assisted Learning (HEAL) Foundation | 8366 Old Nokesville Road Catlett, VA 20119
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