



# MGM Paso Finos LLC

"FROM PEOPLE WHO UNDERSTAND ...."

## Authorization for Emergency Medical Treatment

In the event emergency medical aid / treatment is required due to illness or injury during the process of receiving services, or while being on the property of MGM Paso Finos LLC, I authorize MGM Paso Finos LLC and / or MGM Paso Finos Personnel to:

1. Secure and retain medical treatment and transportation if needed
2. Release participant records upon request to the authorized individual or agency involved in the medical emergency treatment.

### Consent Plan:

This authorization includes x-rays, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician. This provision will only be involved if the emergency contact is unable to be reached.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Consent of: Participant / Parent / Guardian

Staff Witness of Consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Staff Signature

### 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 the agency. In the event of non-consent the parent / legal guardian will remain on site at all times during equine activities.

In the event emergency treatment / aid is required, I wish the following procedure to take place (a plan must be enumerated if consent is not provided above):

---



---



---

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Consent of: Participant / Parent / Guardian

Staff Witness of Consent Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Staff Signature