



118 Wyman Road  
Keene NH 03431

Riding Season 2010

### AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Rider's Name: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_ Telephone: \_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_

Insurance Policy #: \_\_\_\_\_

Policy Holder: \_\_\_\_\_

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services or while on the property being used by the Program, I authorize Miracles In Motion to:

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

\_\_\_\_\_  
(Signature - Rider/Parent/Guardian)

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

In the event I cannot be reached, please contact:

Contact #1: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contact #2: \_\_\_\_\_ Telephone: \_\_\_\_\_