



*Helping children with disabilities sit up tall since 1985*

15350 Old Jamestown Road, Florissant, Missouri 63034 • Tel: (314) 741-5816 • Fax: (314) 741-5816  
E-mail: [jnhgoneriding@charter.net](mailto:jnhgoneriding@charter.net) • Website: [www.jnh-goneriding.org](http://www.jnh-goneriding.org)

**RIDER'S AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT FORM**

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 the agency, I authorize Jamestown New Horizons 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 No ()

Address

If 18 years or under – Date of Birth  /  /

Parent/Legal Guardian Name  Phone No ()

Signature of Parent/Legal Guardian

Emergency Contact  Relationship  Phone ()

Emergency Contact  Relationship  Phone ()

Physician's Name  Preferred Medical Facility

Health Insurance Co  Policy/Group #

Allergies to medication

Currently taking medications

**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 parent/legal guardian or contact person is unable to be reached.

Date  /  /  Consent Signature

Print Name

**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 emergency treatment/aid is required, I wish the following procedures to take place:

Date  /  /  Consent Signature

Print Name



Partially funded by the Productive Living Board

