

# Stepping Stones Therapeutic Riding, Inc.

## NON-CONSENT PLAN/AUTHORIZATION FOR PURPOSE OF MEDICAL TREATMENT/AID

**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.**

- Parent or 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:

Signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent    Guardian    (circle appropriate one)

Witness \_\_\_\_\_ Date: \_\_\_\_\_

Procedure described as follows: