

Rider's Authorization for Emergency Medical Treatment Form and Health History

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 Crossroads Youth Ranch to:

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

Student's

Name: _____ Phone: _____

Address: _____

In the event I cannot be reached, contact: _____

Phone: _____

contact: _____

Phone: _____

Physician's

Name: _____

Preferred Medical

Facility: _____

Health Insurance

Co.: _____ Policy#: _____

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 person below is unable to be reached.

Date: _____ Consent Signature: _____

Student (over 18), Parent or Guardian

Print Name: _____ Phone: _____

Address: _____