

U Ride Too! Rider's Authorization for Emergency Medical Treatment Form

In the event emergency treatment/medical aid is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize personnel from U Ride Too! 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.

Client's Name: _____ Phone: _____

Address: _____

Allergies: _____

In the event I cannot be reached,

Contact#1: _____ Phone: _____

Contact:#2: _____ Phone: _____

Physician's Name: _____

Preferred Medical Facility: _____

Health Insurance Co.: _____ Policy #: _____

Consent Plan

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

Date: _____ Consent Signature: _____

Client, Parent or Guardian

Print Name: _____ Phone: _____

Address: _____

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: _____ Non-Consent Signature: _____

Client, Parent or Guardian

Print Name: _____ Phone: _____

Address: _____

Attach a copy of the completed medical history to this form.