



**THE RIGHT STEP, INC.**  
THE HEALING POWER OF HORSES  
A PATH Intl. Premier Therapeutic Riding Program

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT  
And Other Releases**

*(Must be signed by parent/guardian if under 18 or unable to sign legal documents)*

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Physician: \_\_\_\_\_ Preferred Medical Facility: \_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Allergies to Medications: \_\_\_\_\_

Current Medications: \_\_\_\_\_

In the event of an emergency, contact:

1. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

**Consent Plan**

In the event emergency medical aid/treatment is required due to illness or injury while participating in a program of The Right Step, Inc., I authorize The Right Step, Inc. to:

1. Secure and retain medical treatment and transportation as deemed necessary.
2. Release appropriate records to the authorized individual/agency involved in the medical emergency treatment.

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

\_\_\_\_\_  
Consent Signature (Signed in presence of TRS rep)

\_\_\_\_\_  
Date

**Non-consent Plan**

I **do not** give my consent for emergency medical treatment in the event of illness or injury while participating in a program of The Right Step, Inc. I agree that a parent or legal representative will remain on site all times during equine assisted activities. In the event emergency treatment or first aid is required, I wish the following procedures to take place:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Non-consent Signature (Signed in presence of TRS rep)

\_\_\_\_\_  
Date

**CONFIDENTIALITY AGREEMENT**

I understand that all information (written and verbal) about clients of The Right Step, Inc. is confidential and cannot be shared with **anyone** outside of The Right Step, Inc. without the expressed written consent of the clients and/or their parents/guardians. This includes all medical, social, referral, personal, financial, and otherwise sensitive information. I understand that an individual who breaches this confidentiality will be dismissed as a volunteer for The Right Step, Inc.

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

**MEDIA RELEASE**

I \_\_\_\_\_ **Do** \_\_\_\_\_ **Do Not** consent to and authorize the use and reproduction by The Right Step, Inc. of any and all photographs and any other audio/visual materials taken of me for promotional material, educational activities, exhibitions, or for any other use for the benefit of The Right Step, Inc.

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