



Grand Valley Equine Assisted Learning Center
Consent of First Aid and Emergency Medical Treatment and
Non-Consent of Emergency Medical Treatment

First Aid and Emergency Medical Treatment:

I recognize that there may be occasions where the child/student named above, or me if I am a participant, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I hereby give permission for agents of GVEALC to seek and secure any necessary emergency medical attention or treatment for the child/student named above, or me if I am a participant, including hospitalization, if in the agent's opinion such need arises. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment. I hereby give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including emergency surgery and again, I agree to pay for all emergency medical treatment costs. This provision will only be invoked if the person(s) listed above as an Emergency Contact is unable to be reached.

I also agree to notify agents of GVEALC if there are any changes in the above information that I have submitted.

Parent/Guardian/Volunteer Signature: _____ **Date:** _____

Non-Consent of Medical Treatment:

I **do not** give consent for emergency medical treatment 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 is required, I wish the following procedures to take place:

Parent/Guardian/Volunteer Signature: _____ **Date:** _____