

# Consent for Emergency Medical Treatment

(See next page for Non-Consent for Emergency Medical Treatment)

Rider Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address \_\_\_\_\_  
*Street City State Zip*

Telephone \_\_\_\_\_  
*Home Phone Work Phone Cell Phone*

Rider's Disability \_\_\_\_\_ Date of On-set \_\_\_\_\_

Physician's Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Preferred Medical Facility \_\_\_\_\_

Does the rider have any medical condition(s) requiring special precautions or treatments and any medications and dosage?  Yes  No If you answered "yes," please describe: \_\_\_\_\_

In case of medical emergency, the undersigned authorizes Mississippi State University, acting through the adult on its staff who has actual care, control, and possession of the child, to consent to medical, dental, and surgical treatment of the child when the undersigned cannot be contacted. The undersigned represents to Mississippi State University that he or she is the child's parent and either (a) is not divorced from the other parent, or (b) is divorced from the other parent, but has been authorized by a written court order to give consent to medical and dental care and surgical treatment of the child. The undersigned will indemnify and hold Mississippi State University, its officers, members, employees, and agents harmless if he or she is not empowered by law to give this consent.

The undersigned authorizes any licensed physician and/or medical facility to provide any medical/surgical care and/or hospitalization for the child, including anesthetic, which they determine necessary or advisable, pending receipt of a special consent from the undersigned.

No person can be accepted for riding instruction until this form has been completed by the parent/parents or guardian. If the person is of legal age (21), he or she may complete the form, if he or she is legally competent to do so. Although every effort will be made to avoid any accident, NO LIABILITY can be accepted by Mississippi State University.

Yes, I would like \_\_\_\_\_ to have riding instruction at MSU 4-H TEAM Program. If my child is a rider, I have discussed this with their physician. I understand that NO LIABILITY can be accepted by Mississippi State University, in the event of any accident which may occur.

\_\_\_\_\_  
Signature of Parent/Parents or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Rider Over Age of 21

\_\_\_\_\_  
Date

Rider/Parent Insurance Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_

## Non-Consent for Emergency Medical Treatment

(Please note that you will *NOT* need to complete this Non-Consent for Emergency Medical Treatment Form *IF* you have already completed and signed the Consent Form on Page 10).

Rider Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Address \_\_\_\_\_  
*Street City State Zip*

Telephone \_\_\_\_\_  
*Home Phone Work Phone Cell Phone*

**I do not give my consent for emergency medical treatment/aid** in the event of illness or injury during the process of receiving services or any participation on my part in the MSU TEAM Program. In the event emergency is required. I authorize Mississippi State University or its representative to take the following action in my behalf.

Please notify the following individual(s) in the event of an emergency:

\_\_\_\_\_  
Name Phone (Home) \_\_\_\_\_  
Phone (Work) \_\_\_\_\_  
Phone (Cell) \_\_\_\_\_

\_\_\_\_\_  
Name Phone (Home) \_\_\_\_\_  
Phone (Work) \_\_\_\_\_  
Phone (Cell) \_\_\_\_\_

No person can be accepted for participation in the MSU TEAM Program until either this form *or* the Consent for Emergency Medical Treatment form has been completed. If the person is of legal age (21), he/she may complete the form. If the person is not of legal age, the form must be completed by the parent(s) or guardian. Activities will be supervised, and although every effort will be made to avoid any accident, **NO LIABILITY** can be accepted by Mississippi State University.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Rider Over Age of 21

\_\_\_\_\_  
Date