

**HARMONY FARMS, INC.**  
**Equine Assisted Therapy & Activities**  
2205 Pluckebaum Rd., Cocoa, FL 32926

(321) 631-9433

[www.harmonyfarmsinc.com](http://www.harmonyfarmsinc.com)

Fax: (321) 242-1707

**AUTHORIZATION OF EMERGENCY MEDICAL TREATMENT**

Name (Print): \_\_\_\_\_

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

City / State / Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Drug Allergies, Conditions, etc.: \_\_\_\_\_

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

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

Health Insurance Co.: \_\_\_\_\_

Emergency Contacts (Print): \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**\*\*CHECK ONE PLAN ONLY\*\***

**CONSENT PLAN**

If emergency medical aid/treatment is required due to illness or injury while at the facilities used by Harmony Farms Inc., at an event sponsored by Harmony Farms Inc., or at an event in which Harmony Farms Inc. is a participant, **I authorize Harmony Farms, Inc. to secure and retain medical treatment and transportation, if needed. This authorization includes x-ray, surgery, hospitalization, medication, and treatment deemed "lifesaving" by the physician if the person listed as Emergency Contact cannot be reached.**

**CONSENT Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Signature of Parent or Guardian, if under 18)

**NON-CONSENT PLAN**

If emergency medical aid/treatment is required due to illness or injury while at the facilities used by Harmony Farms Inc., at an event sponsored by Harmony Farms Inc., or at an event in which Harmony Farms Inc. is a participant, **I DO NOT** authorize Harmony Farms, Inc. to secure and retain medical treatment and transportation. **If emergency medical aid/treatment is needed, I wish the following procedures take place:**

**NON-CONSENT Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Signature of Parent or Guardian, if under 18)

**NOTARY REQUIRED:**

**STATE OF FLORIDA**

**COUNTY OF BREVARD**

The foregoing instrument was acknowledged before me this date: \_\_\_\_\_ by \_\_\_\_\_, who is personally known to me or has produced \_\_\_\_\_ as identification.

(Seal)

Notary: \_\_\_\_\_