



# HEARTLAND THERAPEUTIC RIDING, INC.

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## REFUSAL OF MEDICAL ASSISTANCE STATEMENT

Please read the following carefully and sign:

Location \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_ AM or PM

Address \_\_\_\_\_

Name \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Sex \_\_\_\_\_ Age \_\_\_\_\_

Phone number \_\_\_\_\_

Describe incident and treatment offered:

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I acknowledge that I have read this form and description of the incident, that I have been offered medical treatment for this incident, and that I decline such medical treatment.

Client Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Client signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature (if applicable) \_\_\_\_\_ Date \_\_\_\_\_

Printed Parent/Guardian Name and relation to client \_\_\_\_\_

HTR Representative \_\_\_\_\_

Date \_\_\_\_\_