Horses In Service Natural Therapeutic Riding Center

Authorization for Volunteer Emergency Medical Treatment

CONSENT FOR EMERGENCY MEDICAL TREATMENT

In the event emergency medical aid/treatment is required due to illness or injury while volunteering for Horses In Service Natural Therapeutic Riding Center, either on the property of H.I.S. or at an off-site event or activity,

I, _____ (*print full name*) hereby authorize Horses In Service Natural Therapeutic Riding Center to:

1. Secure and retain medical treatment and transportation, if needed.
2. Release volunteer records upon request to the authorized individual or agency involved in the medical emergency treatment.

Name: _____ DOB: _____ Phone: _____

Address: _____

City _____ State: VA Zip: _____ County: _____

In the event I am unconscious and unable to act for myself, contact:

Name: _____

Relationship: _____ Phone: _____

Physician's name: _____ Phone: _____

Preferred medical facility: _____ Phone: _____

Health Insurance Co.: _____ Policy # _____

In an effort to provide the best care possible, please indicate below if any of the following apply:

☐ I am allergic to the following _____

☐ I have the following ongoing medical conditions: _____

_____

☐ I have been treated recently for the following physical / mental condition: _____

_____

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life-saving" by the attending physician. This provision will only be invoked if the person named above is unable to be reached. If a minor both parents/guardians must sign below.

Print Name: _____ Phone: _____

Consent Signature: _____ Date: _____

(*Volunteer) (Parent / Legal Guardian if under age 18)*

Print Name: _____ Phone: _____

Consent Signature: _____ Date: _____

(*Volunteer) (Parent / Legal Guardian if under age 18)*

NON-CONSENT FOR EMERGENCY MEDICAL TREATMENT

In the event emergency medical aid/treatment is required due to illness or injury while volunteering for Horses In Service Natural Therapeutic Riding Center, either on the property of H.I.S. or at an off-site event or activity, I, _____ (*print full name*) **DO NOT** give my consent for emergency medical aid/treatment. I fully release Horses In Service Natural Therapeutic Riding Center and/or its representatives for any injuries/losses I may incur as a result of this non-consent agreement. In the event emergency aid/treatment is required, I wish the following procedures to take place. _____

_____

_____

_____

_____

In the event I am unconscious and unable to act for myself, contact:

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

Name: _____

Relationship: _____ Phone: _____

If volunteer is a minor, both parents/guardians must sign below:

Print Name: _____ Phone: _____

Non-Consent Signature: _____ Date: _____
(Volunteer) (Parent / Guardian if under age 18)

Print Name: _____ Phone: _____

Non- Consent Signature: _____ Date: _____
(Volunteer) (Parent / Guardian if under age 18)