

Volunteer Emergency Medical Form/Information Form

Name: _____		Date of Birth: _____
Address: _____		Home Phone: _____
City: _____	State: _____	Work Phone: _____
Occupation or School: _____		Email: _____
Parent/Guardian/Spouse: _____		
Special Interests: _____		
Physician's Name: _____		Physician's Phone: _____
Address: _____		Preferred Medical Facility: _____
City: _____		State: _____
State: _____		Zip: _____
Person who is authorized to give temporary assistance or care in the absence of parent or guardian:		
Name: _____	Phone: _____	Relationship: _____
Describe any medical condition requiring special precautions or treatment and any medications and dosage: (a) None b) Please described <input type="checkbox"/>		
<p>In case of medical emergency, the undersigned authorizes <i>Equestrian Therapy Program</i> to provide such medical assistance as they determine to be necessary.</p> <p>I hereby give my consent, in the event that all reasonable attempts to contact parent/spouse/closest relative have been unsuccessful, to the administration of any treatment deemed necessary by or the transfer of the volunteer to _____ (preferred hospital) or any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concur in the necessity for such surgery and are obtained prior to the performance of such surgery.</p>		
<p>Liability Release</p> <p>No person can be accepted as a volunteer until this form has been completed by the volunteer the parents or guardian. If the person is of legal age (18), he or she may complete the form. The program will be under strict supervision, and although every effort will be made to avoid any accident, NO LIABILITY can be accepted by any of the organizations concerned, including <i>Equestrian Therapy Program</i>.</p> <p>Yes, I _____ would like to be a volunteer for the <i>Equestrian Therapy Program</i>. I understand that NO LIABILITY can be accepted by any organization concerned, including the <i>Equestrian Therapy Program</i> in the event of any accident which may hereby occur.</p>		
Signature: _____ (Parent/Parents/Guardian/Volunteer over 18)		Date: _____
I have read and understand the <i>Volunteer Handbook</i> . Signature: _____		Date: _____
<p>Photo Release</p> <p>I consent to and authorize the use of and reproduction by (ETP) of any and all photographs and any other audiovisual material taken of me for promotional material, educational activities, exhibition or for any other use for the benefit of the program.</p>		
Signature: _____		Date: _____