



The Equestrian Therapy Program

Volunteer Emergency Medical Form/Information Form

Name: _____		Date of Birth: _____
Address: _____		Home Phone: _____
City: _____ State: _____ Zip: _____		Work Phone: _____
Occupation or School: _____		Email: _____
Parent/Guardian/Spouse: _____		
Special Interests: _____		
Physician's Name: _____ Physician's Phone: _____		
Address: _____ City: _____ State: _____ Zip: _____		
Preferred Medical Facility: _____		
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 <input type="checkbox"/> b) Please described _____		
In case of medical emergency, the undersigned authorizes <i>Equestrian Therapy Program</i> to provide such medical assistance as they determine to be necessary. 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.		
Consent Signature: _____		Date: _____
(Student if over 18, Parent/Legal Guardian)		
Non Consent I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property or The Equestrian Therapy Program. ___ Parent or Legal Guardian will remain on site at all times during equine assisted activities. ___ In the event emergency treatment/aid is required, I wish the following procedure to take place.		
Non-Consent Signature: _____		Date: _____
(Student if over 18, Parent/Legal Guardian)		
I have read and understand the <i>Volunteer Handbook</i> . Signature: _____		Date: _____
Photo Release		
I consent/or do not 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.		
Yes Photo Signature: _____		Date: _____
No Photo Signature: _____		Date: _____