



Authorization for Emergency Medical Treatment

Volunteer's Name: _____ DOB: _____ Phone: _____

Address: _____

Primary Physician Name: _____ Phone # _____

Preferred Medical Facility: _____

Health Insurance Co.: _____ Policy # _____

Allergies to medications: _____

Current medications: _____

In the event of an emergency, contact:

Name: _____ Relationship: _____ Phone #: _____

Alt. Phone #: _____

Name: _____ Relationship: _____ Phone #: _____

Alt. Phone #: _____

CONSENT PLAN: In the event emergency medical aid or treatment is required due to illness or injury while receiving services or while on the property of TRRC, Inc., I authorize TRRC, Inc. to:

- 1. Secure and retain medical treatment and transportation as needed.
2. Release client records upon request to authorized individual or agency involved in medical emergency treatment.

This authorization includes x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician or emergency personnel. This provision will only be invoked if the person(s) above is unable to be reached:

Consent Signature: _____ Date: _____

Volunteer, Parent or Legal Guardian
Signed in presence of Center staff

Printed Name of Above: _____ Phone # _____

NON-CONSENT PLAN: I do not give my consent for emergency medical treatment/aid in the case of illness or injury while receiving services or while on the property of TRRC, Inc.

___ Parent, legal guardian or caretaker will remain on site at all times during equine assisted activities

___ In the event emergency treatment/aid is required, I wish alternate procedures to take place:

Non-Consent Signature: _____ Date: _____

Volunteer, Parent or Legal Guardian
Signed in presence of Center staff

Printed Name of Above: _____ Phone # _____



Therapeutic and Recreational Riding Center, Inc.

Volunteer Information Sheet (Update)



PRINT ALL INFORMATION

DATE: _____

Volunteer Name: _____
(PRINT) Last

_____ First

Address: _____
(PRINT)

_____ City State Zip

Main Phone: _____ Cell Phone: _____

TRRC utilizes an automated calling and texting service for emergency notifications, including closure due to inclement weather. Indicate preferred contact number with an asterisk (*).

Volunteer DOB: _____ mm/dd/yyyy

E-mail address: **PRINT CLEARLY!** _____

Printed Names of Parent(s)/Guardian(s): _____
(If under 18 years of age)

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