

Unicorn Therapeutic Horseback Riding

Volunteer Form

Volunteer Authorization for Emergency Medical Treatment

In the event emergency medical aid/treatment is required due to illness or injury during work as a volunteer or while being on the property of the agency, I authorize Unicorn to secure and retain medical treatment and transportation if needed.

Volunteer's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

If necessary, contact: \_\_\_\_\_

2<sup>nd</sup> contact: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_

Health Insurance Co: \_\_\_\_\_

Consent Plan

This authorization includes x-ray, surgery, hospitalization, medication and any treatment, procedure

Deemed "life saving" by the physician. This provision will be invoked if the person below is unable to be reached.

Date: \_\_\_\_\_ Consent signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury while working at Unicorn or while on the property. In the event emergency medical treatment/aid is required I wish the following procedures to take place:

Date: \_\_\_\_\_ Non-consent signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_