

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: _____

2nd 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: _____