



Banbury Cross

Therapeutic Equestrian Center

2017 Volunteer's Authorization for Emergency Medical Treatment Form

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize Banbury Cross Therapeutic Equestrian Center to secure and retain medical treatment and transportation if needed.

Volunteer's Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

E-mail address, please _____

In the event I cannot be reached, contact: _____ Phone: _____

contact: _____ Phone: _____

Physician's Name: _____

Preferred Medical Facility: _____

Health Insurance Company: _____ Policy #: _____

Consent Plan

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person below is unable to be reached.

Date: _____ Consent Signature: _____

Volunteer, or Parent/Legal Guardian, if volunteer is under 18 years old

Print Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Non-Consent Plan

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 of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Date: _____ Non-Consent Signature: _____

Volunteer, or Parent/Legal Guardian, if volunteer is under 18 years old

Print Name: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____