

SunnyBrook Meadows

Edna Riddell, Director
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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 SunnyBrook Meadows Therapeutic Riding to secure and retain medical treatment and transportation if needed.

Volunteer's Name: _____ Phone _____

Address: _____

In Case of Emergency: Contact: _____ Phone _____
Contact: _____ Phone _____

Physician's Name: _____

Preferred Medical Facility: _____

Health Insurance Co. _____ 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, Parent or Guardian

Print Name: _____ Phone _____

Non-Consent Plan

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process or 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, Parent or Guardian

Print Name: _____ Phone _____