



Reining Hope Adaptive Equine Assisted Activities & Therapies LLC

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"Wish It, Dream It, Do It!"

**AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT
FOR VOLUNTEERS**

In the event emergency medical aid/treatment is required due to illness or injury while being on the property of the agency, I authorize Reining Hope to:

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

In case of Emergency, contact: _____ Phone: _____

Physician's Name: _____ Town: _____ Phone: _____

Preferred Medical Facility: _____ Health Insurance Carrier: _____
Policy #: _____

Please indicate any allergies: _____

Please indicate any disability, limitations or medical conditions that may affect your volunteer role, with or with reasonable accommodations, we should be aware of: _____

CONSENT PLAN (to be invoked in the event that your Emergency Contact cannot be reached): I give consent for emergency medical treatment/aid (including x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "life saving" by the physician) in the event of illness or injury while on the property of the agency. *

Date: _____ Consent Signature: _____

(For volunteers under 18 years of age, both parent/legal guardian & volunteer signatures are required.)

*** If you chose non-consent for emergency medical treatment/aid in the event of illness or injury while on the property of the agency, please request a Non-Consent Form, which requires notarization.**

Please Complete:

Are you current CPR & First Aid Trained? _____ Drivers license #: _____ State: _____

Have you ever been convicted of a criminal offense? ____ Yes ____ No If yes, when? _____
Please explain: _____

Upon request, you may be asked to submit an application for a criminal background check. The above information may be verified, and I give permission to make inquiry of others concerning suitability to act as a volunteer at Reining Hope.

Signature: _____ Date: _____
Signature of Parent/Legal Guardian: _____ Date: _____

(For volunteers under 18 years of age, both parent/legal guardian & volunteer signatures are required.)