

Therapeutic Ranch for Animals and Kids

Volunteer Authorization for Emergency Medical Treatment Form

Name _____ Phone(s) _____

Address _____ City/State _____ Zip _____

Physician's Name _____ Phone _____

Health Insurance Co. _____ Policy # _____

Allergies to medications _____

Current medications _____

Date of birth _____ Height _____ Weight _____

In the event of an emergency, contact:

Name _____ Relation _____ Phone _____

Name _____ Relation _____ Phone _____

In the event of an emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the TRAK premises, I authorize TRAK to:

Secure and retain medical treatment and transportation if needed.

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(s) above is/are unable to be reached. Emergency services from this area utilize Tucson Medical Center.

Other preference: _____

Date _____ Signature _____

(Parent or legal guardian if a minor)

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

Date _____ Signature _____

(Parent or legal guardian if a minor)