



Calvin Center Equestrian Programs  
 13550 Woolsey Road  
 Hampton, GA 30228  
 770-946-4276  
 www.calvincenter.org

## Volunteer's Authorization for Emergency Medical Treatment Form

**Please print. Use blue or black ink.**

*If volunteer is under the age of 18 years of age, form must be signed by parent/legal guardian where indicated.*

Volunteer name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Parent /legal guardian name if volunteer is under the age of 18 \_\_\_\_\_

Home phone \_\_\_\_\_ Alternate phone \_\_\_\_\_ Date of birth \_\_\_\_\_

**List three other contacts in case of emergency:**

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Physician's name \_\_\_\_\_

Preferred medical facility \_\_\_\_\_

Health insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

Name of primary insured on policy \_\_\_\_\_

Volunteer's social security number \_\_\_\_\_

Social security number of primary insured \_\_\_\_\_

Allergies to medications (describe reaction) \_\_\_\_\_

Other Allergies (environmental, food, etc.) \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_ Tuberculosis test + or -- Date: \_\_\_\_\_

Recent hospitalizations, surgeries or other health concerns relevant to volunteering with Equestrian Programs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current medications (prescription and non-prescription) \_\_\_\_\_

**Consent for emergency medical treatment:**

In the event emergency medical aid/treatment is required due to illness or injury during the process of volunteering, or while being on the property of the agency, I authorize Calvin Center/Presbytery of Greater Atlanta to secure and retain medical treatment and transport if needed and to release volunteer records upon request to the authorized individual or agency involved in the emergency medical treatment. 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 unable to be reached.

Volunteer consent signature \_\_\_\_\_ Date \_\_\_\_\_

Volunteer's parent or legal guardian signature if under 18: \_\_\_\_\_ Date \_\_\_\_\_

Printed name of volunteer \_\_\_\_\_

Printed name of parent or legal guardian if under 18 \_\_\_\_\_