



TALBOT SPECIAL RIDERS, INC.

Therapeutic Horseback Riding
P.O. Box 391 • Easton, MD 21601

Volunteer's Authorization for Emergency Medical Treatment

In the event emergency medical aid/treatment is required due to illness or injury during the process of my acting as a volunteer for or while being on the property of Timber Grove Farm for any program of Talbot Special Riders, Inc. ("TSR"), I authorize TSR to secure and retain medical treatment and transportation if needed and to release this information. '

Name _____ Phone _____

Address _____ E-mail _____

DOB _____

Physician's Name _____ Phone _____

Preferred Medical Facility _____

Health Insurance Co. _____ Policy no _____

Allergies _____

NOTE: If you might need an EPI pen, you must provide your own & use it yourself. Up-to-date Tetanus Shot _____ Yes _____ No _____

Important health info & history _____

Emergency contact: Name _____ Relation _____ Phone _____

Secondary contact: Name _____ Relation _____ Phone _____

CONSENT

I consent to any emergency medical treatment and/or first aid I might receive during the course of my volunteering with TSR and agree to comply with any reasonable request for additional medical tests as may be indicated from time to time. This consent includes but is not limited to x-rays, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by a physician.

Date _____

Volunteer signature _____

Print name _____ Cell phone, if any _____