

Whispers of Hope Horse Farm

**Enriching the lives of mentally and physically
challenged individuals through equine therapy**

3549 Parkhill Road
Wichita Falls, TX 76310
940-696-8044
whispersofhopehf.org

Volunteer Authorization for Emergency Medical Treatment

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 Whispers of Hope Horse Farm to secure and retain medical treatment and transportation if needed. Release any records upon request to the authorized individual or agency involved in the medical emergency treatment.

Volunteer Name:

Date of Birth:

Parent / guardian:

Home Phone:

Work Phone:

Cell Phone:

Email:

Address:

Emergency contact #1 Name:

Phone:

#2 Name:

Phone:

Physician's Name:

Preferred Medical Facility:

Health Insurance Co & policy # :

Describe any medical conditions requiring special precautions or treatment and any medications with dosage:

Consent Plan

This authorization includes X-ray, surgery, hospitalization, medications, and any treatment procedure deemed "live saving" by the physician. This provision will only be invoked if the person below is unable to be reached.

Consent Signature:

Date:

Client, Parent or Guardian:

Contact Name:

Phone:

Non-Consent Plan

I do not give m consent for emergency medical treatment/aid in the case of illness or injury during the process of 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:

Non-Consent Signature:

Date:

Client, Parent or Guardian: