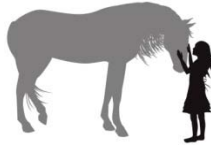


SERENDIPITY EQUINE HAVEN



Where Dreams Are Born and Hopes Are Raised

Volunteer Emergency Medical Consent Form

Name: _____ D.O.B.: _____

Parent/Legal Guardian: _____

Address: _____ City: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Physician's Name: _____

Phone: (_____) _____ Fax: (_____) _____

Insurance Carrier: _____

Policy Number: _____ Preferred Medical Facility _____

Emergency Contact: _____

Relationship: _____ Day Ph: (_____) _____ Eve Ph: (_____) _____

Describe any medical conditions requiring special precautions or treatment and/or any medications including dosage. _____

Allergies to any medications, food, etc: _____

Tetanus Shot: Yes ___ No ___ Date: _____ Tuberculosis Test: + - Date: _____

Vaccinations Up to Date and Current? Yes ___ No ___ Please submit copy of shot records.

Consent Plan

In the event that emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while on the property of the agency, I authorize Serendipity Equine Haven to:

1. Secure and retain medical treatment and transportation if needed
2. Release client records upon request to authorized medical personnel

This authorization includes X-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by any physician. This provision will only be invoked if the person below is unable to be reached. I hereby give my consent for emergency medical aid/treatment in the case of illness or injury during the process of receiving services or while on the property of the agency.

Volunteer Name: _____

Consent Signature: _____ Date: _____
(Parent/Legal Guardian if under 18)

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 service 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:

Volunteer Name: _____

Non-Consent Signature: _____ Date: _____
(Parent/Legal Guardian if under 18)