



Maryland Therapeutic Riding

Non-Profit
Organization

P.O. Box 6477
Annapolis, Maryland 21401
410-267-8900
www.horsethatheal.org

Volunteer's Authorization for Emergency Medical Treatment Form

Consent Plan

In the event emergency medical aid or treatment is required due to illness or injury during the process of volunteering, or while being on the property of Maryland Therapeutic Riding, I authorize Maryland Therapeutic Riding to secure and retain medical treatment and transportation if needed.

Volunteer's Name: _____ Phone: _____

Address: _____

In the event I cannot be reached contact: _____ phone: _____
contact: _____ phone: _____

Physician's Name: _____

Preferred Medical Facility: _____

Health Insurance Company: _____ Policy #: _____

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 below is unable to be reached.

Date: _____ Consent Signature: _____

Volunteer, Parent or Guardian

Print Name: _____ Phone: _____

Address: _____

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 volunteering, or while being on the property of Maryland Therapeutic Riding. In the event emergency treatment/aid is required, I wish the following procedures to take place:

Date: _____ Non-Consent Signature: _____

Volunteer, Parent or Guardian

Print Name: _____ Phone: _____

Address: _____