

MENDING STRIDES RANCH
8636 Blair Road, Mint Hill, NC 28277

AUTHORIZATION OF EMERGENCY MEDICAL TREATMENT

Name (Print) _____ Email _____

Address _____

Home phone _____ Cell Phone _____

Drug Allergies/Health Conditions: _____

Physician's Name: _____ Phone Number _____

Preferred Medical Facility _____ Health ins Co _____

Policy Number _____ Group Number _____

Emergency Contact (Print) _____ Phone Number _____

Relationship _____ Work Phone _____

CHECK ONE PLAN ONLY

CONSENT PLAN

If emergency medical aid/treatment is required due to illness or injury while at the facilities used by Mending Strides Ranch, Inc., or at an event sponsored by Mending Strides Ranch, Inc., or at an event in which Mending Strides Ranch, Inc., is a participant, **I authorize Mending Strides Ranch, Inc., to secure and retain medical treatment and transportation, if needed. This authorization includes, but is not limited to x-ray, surgery, hospitalization, medication, and treatment deemed "lifesaving" by the physician if the person listed as Emergency Contact cannot be reached.**

CONSENT SIGNATURE: _____ Date: _____

NON-CONSENT PLAN

If emergency medical aid/treatment is required due to illness or injury while at the facilities used by Mending Strides Ranch, Inc., or at an event sponsored by Mending Strides Ranch, Inc., or at an event in which Mending Strides Ranch is a participant, **I DO NOT** authorize Mending Strides Ranch to secure and retain medical treatment and transportation. If emergency medical aid/treatment is needed, I wish the following procedures take place _____

Please note that Mending Strides Ranch, Inc., reserves the right to refuse acceptance of a client/volunteer if the the non-consent plan directives are not acceptable to Mending Strides Ranch, Inc.

Non-Consent Signature _____ Date: _____
(Signature of parent or guardian if under 18)