



Positive Strides, Inc.

P.O. Box 391 Easton, Maryland 21601

Volunteer Authorization for Emergency Medical Treatment

In the event emergency 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 Positive Strides, Inc, I authorize Positive Strides, Inc. to secure and retain medical treatment and transportation if needed and to release this information:

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell: _____

Physician's Name: _____ Phone: _____

Preferred Medical Facility: _____

Health Insurance Co: _____ Policy Number: _____

Allergies: _____

*Note: If you require an EPI pen, you must provide your own and administer it yourself.

Important Health Information or History: _____

Current Tetanus Shot: Yes _____ No _____

Emergency Contacts:

Primary: _____ Relation: _____ Phone: _____

Secondary: _____ Relation: _____ Phone: _____

CONSENT

I consent to any emergency medical treatment and/or first aid I might receive during the course of my volunteering with Positive Strides, Inc. 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.

Volunteer Signature

Date

Printed Name