



Promise Ranch  
2092 Plum Branch Rd  
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### Form 3 - Authorization for Emergency Medical Treatment

Check One:

Participant: \_\_\_\_\_ Volunteer: \_\_\_\_\_ Staff: \_\_\_\_\_ Board Member: \_\_\_\_\_

Name (of above): \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_ ID#: \_\_\_\_\_ Group #: \_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_ ID#: \_\_\_\_\_ Group #: \_\_\_\_\_

#### Emergency Contacts:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies to Medications: \_\_\_\_\_

Current Medications: \_\_\_\_\_

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, volunteering, or while being on the property of the agency, I hereby authorize Promise Ranch, LLC. to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client or volunteer records upon request to the authorized individual or agency involved in the emergency medical treatment.

#### CONSENT PLAN (Parents/legal guardians must sign for children under 18, wards of the court, or is legally responsible)

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: \_\_\_\_\_

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

Date: \_\_\_\_\_ Consent/Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_