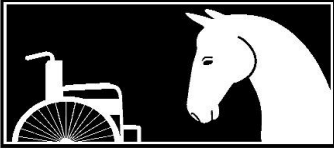


# WE CAN RIDE



## 2012 AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Volunteer Name: \_\_\_\_\_ Phone: \_\_\_\_\_ (H) (W) (C)

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

Physician Name: \_\_\_\_\_ Preferred Medical Facility: \_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

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

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

Please list two people who may be contacted in case of emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

### CONSENT TO MEDICAL TREATMENT

In the event emergency medical treatment is required due to illness or injury during the process of receiving services or while being on the property of the agency, *We Can Ride* will:

1. Secure and retain medical treatment and transportation if needed.
2. Release medical records upon request to the authorized individual or agency involved in the medical emergency treatment.
3. Authorize the use of x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. **These actions will only be taken if the emergency contacts are unable to be reached.**

I give my consent for emergency medical aid/treatment in the case of illness or injury during the process of receiving services or while being on the property of the agency.

**Consent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Volunteer, Parent or Guardian**

### PHOTO RELEASE

CHECK ONE: I hereby  **do consent** /  **do not consent** to and authorize the use and public distribution of any and all photographs of myself or others for whom I am authorized to give consent, including the use of audio/visual materials for promotion, education or exhibition or any other use to benefit *We Can Ride, Inc.*

**Signature of Release** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Volunteer, Parent or Guardian**

WE CAN RIDE, INC.  
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