

Authorization for Emergency Medical Treatment Form

In the event medical aid/treatment is required due to illness or injury during the process of participating, volunteering, or while being on the property of Willow Creek Ranch, Inc., I authorize a representative of WCR to secure and retain medical treatment and transportation if needed. Upon request, records will be released to the authorized individual or agency involved in the medical emergency treatment.

Please Print Clearly

Name: _____ Home Phone: _____
 Address: _____ Cell: _____
 City, State, Zip: _____
 Email Address: _____
 Allergies: _____

In the event of an emergency, please notify:

Name: _____ Relation: _____ Phone(s): _____
 Name: _____ Relation: _____ Phone(s): _____

Physician's Name: _____ Phone: _____
 Preferred Medical Facility: _____ City: _____ Phone: _____
 Health Insurance Company Name: _____ Policy #: _____

Consent to Treatment

This Authorization for emergency medical treatment includes x-rays, surgery, hospitalization, medication and any treatment deemed "life saving" by the medical personnel. This provision will only be invoked if the person being treated is unable to respond or the emergency contact is unable to be reached. *This consent will remain in effect until changed by the signer.* Indicate any limitations to your consent for emergency medical treatment: _____

Consent Signature: _____ Date: _____

Non-Consent to Treatment

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 WCR, Inc. In the event that emergency treatment/aid is required, I wish the following procedure to take place:

Signature: _____ Date: _____

NOTICE: A person who is engaged for compensation in the rental of equines or equine equipment or tack or in the instruction of a person in the riding or driving of an equine or in being a passenger upon an equine is not liable for the injury or death of a person involved in equine activities resulting from the inherent risks of equine activities, as defined in section 895.481 (1) (e) of the Wisconsin Statutes."

The section below is only to be completed in succeeding years or for updating any emergency information.

Emergency Information Review:

I have reviewed this document on _____ (date) and confirm the the information is still current or changes are noted.
 Signed: _____ date: _____

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 Signed: _____ date: _____

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 Signed: _____ date: _____