

EMERGENCY MEDICAL TREATMENT AUTHORIZATION FORM

NAME: _____ D.O.B.: _____

PHYSICIAN'S NAME: _____ PREFERRED HOSPITAL: _____

Date of last tetanus shot: _____ Date of last tuberculosis test: _____

Allergies: _____

Current medications: _____

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

*** HEALTH INSURANCE INFORMATION REQUIRED ***

INSURANCE COMPANY NAME: _____ POLICY # _____ PHONE NUMBER: _____

CONSENT PLAN. In the event emergency medical aid/treatment is required to due to illness or injury during the process of receiving services or while being on the property of the agency, I authorize Flynn Fields to:

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

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "lifesaving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Date: _____ Consent Signature: _____

Signed by Volunteer (or Parent/Guardian if under 21)

- OR -

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 or while being on the property of FLYNN FIELDS.

- Parent or legal guardian will remain on site at all times during any activities.
- In the event emergency treatment/aid is required, I wish the following procedure to take place:

Date: _____ Non-Consent Signature: _____

Signed by Volunteer (or Parent/Guardian if under 21)

HOLD HARMLESS AND INDEMNITY AGREEMENT

This Hold Harmless and Indemnity Agreement ("Agreement") is made this _____ day of _____, 20____ between _____ ("Participant") and FLYNN FIELDS, INC and staff shall continue in full force and effect until revoked in writing.

Participant and Participant's Parent or Guardian understands and acknowledges that there are inherent risks in being on Flynn Fields. These risks may result in property damage and/or physical injury, including death.

Participant hereby releases and agrees to hold harmless, FLYNN FIELDS, its owners, board, instructors, volunteers, field hands, and the property owners from any and all liability arising from any accident, injury or loss which may occur while on farm property with any animal or other circumstance which might present itself and Participant might be involved.

This Agreement shall be construed under the laws of the State of Georgia.

Participant, being of legal age, (18) or parent or guardian of participant below legal age, acknowledges that he/she has read the above Agreement, has had an opportunity to ask questions and voluntarily agrees to the terms of this Agreement.

Printed Name of Participant

Signature of Participant

IF PARTICIPANT IS BELOW THE AGE OF 18, A PARENT OR LEGAL GUARDIAN MUST SIGN BELOW:

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Michael A. Flynn, President of Flynn Fields