



Special Equestrians, Inc.

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Annual Updating Form for ___ Volunteer ___ Staff

Name: _____ Date: _____

Local Address: _____ Summer Address: _____

Street: _____ Street: _____

City: _____ City: _____

State: _____ Zip: _____ State: _____ Zip: _____ Phone: _____

Phone: (C) _____ (W) _____ (H) _____ Email: _____

Employer/School: _____

Parent/Legal Guardian _____ Address/Phone _____

Physician's Name: _____ Preferred Medical Facility: _____

Health Insurance Company: _____ Policy #: _____

Allergies (medicines, food, environmental, insects, plants): _____

Current medications: _____

Please describe your current health status below, particularly regarding physical/emotional demands of working an equine assisted program. Address fitness, cardiac, respiratory, bone or joint function, recent hospitalizations/surgeries or lifestyle changes.

In the event of an emergency, contact:

Name: _____ Relation: _____ Phone: _____

Name: _____ Relation: _____ Phone: _____

In the event that emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, Special Equestrians, Inc. will determine if emergency services should be contacted. The injured adult or legal guardian/parent has the right to refuse treatment from the emergency responders; however Special Equestrians will call for emergency medical treatment services, when it is deemed necessary by our staff.

In the event of needed emergency medical treatment, Special Equestrians will:

1. Secure and retain medical treatment and transportation if needed.
2. Release records upon request to the 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: _____

There are no changes since filling out my application or last update. Please type or write initial here, if true _____

► Volunteer/Staff Signature (type or write) _____ ◀ Date _____