**VOLUNTEER MEDICAL TREATMENT FORM**

**RESTRICTIONS IN THE ARENA:** Please check any physical restrictions you may have.

 [ ]walking [ ]running [ ]standing [ ]lifting [ ]other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACTS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **NAME:** |  | **Phone:** |  | **Cell:** |  |
| **NAME:** |  | **Phone:** |  | **Cell:** |  |

**IN THE EVENT OF AN EMERGENCY:** I give Making Strides of Virginia authorization to call 911 for emergency personnel to evaluate my injury or illness and transport me to the nearest emergency facility if required.

|  |  |  |  |
| --- | --- | --- | --- |
| **SIGNATURE:** |  | **DATE:** |  |

**Applicant Signature or Parent/Guardian if under 18 years of age**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| LIST ANY HEALTH ISSUES THAT MEDICAL EMERGENCY PERSONNEL SHOULD BE AWARE OF IN THE EVENT OF AN EMERGENCY.

|  |  |
| --- | --- |
| Conditions: |  |
| Medications: |  |
| Allergies to medications: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Physician: |  | Phone: |  |

 |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **I AGREE THAT**: Making Strides of Virginia is not responsible for any cost incurred for any medical expense due to medical emergency, transportation, treatment or tests, not limited to this list. ALL cost(s) will be the responsibility of the volunteer/visitor.**MEDICAL CONSENT: SIGNATURE REQUIRED**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **CONSENT:** |  | PRINT NAME: |  | DATE: |  |
|  |  |  |  |  |  |
| **NON-CONSENT** |  | PRINT NAME: |  | DATE: |  |

**MUST BE 16 YEARS OF AGE TO VOLUNTEER. PARENT/GUARDIAN MUST SIGN IN FRONT OF MAKING STRIDES OF VIRGINIA STAFF IF APPLICANT IS UNDER 18 YEARS OF AGE.** |

**CONFIDENTIALITY POLICY:** We respect the privacy and confidentiality of our volunteers and our riders, and we request and expect the same from our volunteers. **ALL INFORMATION WILL BE KEPT STRICTLY CONFIDENTIAL BY MAKING STRIDES OF VIRGINIA.**

Thank you for your interest in volunteering. You will be notified by a Making Strides of Virginia representative as to, whether, you have been selected or not to be a volunteer.