

PANTHER CREEK

# INSPIRATION RANCH

A 501c3 non-profit ministry  
[www.pciranch.org](http://www.pciranch.org)

## Medical Release



Located at: 25902 Glen Loch Dr., Spring, Texas

Email: [mg@pciranch.org](mailto:mg@pciranch.org)

Phone: 281-719-9322

**Full Name of Volunteer/Staff Member:** \_\_\_\_\_

**IN CASE OF EMERGENCY CONTACT:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_

Preferred Medical Facility \_\_\_\_\_

Health Insurance Co \_\_\_\_\_ Policy # \_\_\_\_\_

Group # \_\_\_\_\_ Phone #(\_\_\_\_) \_\_\_\_\_

Allergies \_\_\_\_\_ Current Meds \_\_\_\_\_

I understand that in the event of an emergency where medical aid/treatment is required due to illness or injury while volunteering/working at Panther Creek Inspiration Ranch the ranch will do the following:

1. Secure and retain medical treatment and transportation if needed
2. Attempt to contact emergency contact(s) listed above
3. Release volunteer/staff records upon request to the authorized individual or agency involved in the medical emergency treatment

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

Date \_\_\_\_\_ Signature \_\_\_\_\_

(Signature of Staff/volunteer or Parent/Guardian if under 18)