



# Shy Wolf Sanctuary, Education and Experience Center, Inc.

“If you talk to the animals they will talk to you and you will know each other...” Chief Dan George

Nancy J. Smith, President ~ P. O. Box 3032 ~ Naples, FL 34106

By appointment only: Phone: 239-455-1698 E-mail: shywolfsanctuary@aol.com



## EMERGENCY MEDICAL FORM

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

PARENT / GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ CELL PHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

EMAIL: \_\_\_\_\_ PHYSICIAN NAME: \_\_\_\_\_

PHYSICIAN ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

MEDICAL CONCERNS (E.G., HEART PROBLEMS, DIABETES, HYPOGLYCEMIA, ETC):  
\_\_\_\_\_

ALLERGIES (TO ANYTHING): \_\_\_\_\_ NO \_\_\_\_\_ YES: \_\_\_\_\_

DATE OF LAST TETANUS SHOT: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (Recommended every 5 years)

In case of an emergency, the undersigned authorizes *Shy Wolf Sanctuary, Education and Experience Center, Inc.*, it's staff & volunteers, to provide such medical assistance as they determine is necessary.

The undersigned further authorizes any licensed physician and/or medical facility to provide any medical / surgical care and/or hospitalization for the volunteer, including anesthetic, which they determine necessary or advisable, pending receipt of a special consent form from the undersigned.

No person can be accepted as a volunteer until this form has been completed by the parent / guardian. If the person is of legal age (18), he or she may complete the form, if he or she is legally competent to do so. Volunteers will be under supervision, and although every effort will be made to avoid any accident, **NO LIABILITY** can be accepted by any of the Volunteers or Board Members, including the organization of *Shy Wolf Sanctuary, Education and Experience Center, Inc.*

Yes, I would like \_\_\_\_\_ to be allowed to volunteer, and have discussed this with the volunteer's physician (if appropriate). I understand that **NO LIABILITY** can be accepted by *Shy Wolf Sanctuary, Education and Experience Center, Inc.*, it's Volunteers or Board Members, in the event of any accident which may occur.

State of Florida, County of Collier

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_,  
by \_\_\_\_\_ who is personally known to me or who  
has produced \_\_\_\_\_ as identification and did/did not take an oath.