

EMERGENCY MEDICAL INFORMATION

NOTE: All items require an entry. If you do not know or have no answer, then specify by entering "None".

Name of Volunteer: _____

In case of emergency, please contact:

Please provide information for someone who can make medical decisions for you if you are unable to do so. "None" is not acceptable for this part.

Name: _____

Relation: _____

Address: _____

Phone (home) _____ (work or cell) _____

The following information may be needed by any hospital or medical practitioner not having access to the Volunteer's medical history:

Date of Birth: _____

Allergies (medicine, food, insects, etc.): _____

Medications being taken: _____

Date of last tetanus shot: _____

Physical impairments: _____

Other: _____

Personal Physician:

Name: _____

Address: _____

Phone: (home) _____ (work) _____

Please make sure you have emergency contact information in your car's glove box or in your wallet each time you are on the worksite!