

Emergency Medical Information

Volunteer Name _____

Group Name _____

In case of emergency please contact:

Contact Name _____

Relationship to Volunteer _____

Contact Phone _____

Contact Address _____

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

Allergies (medicine, food, etc.) _____

Medications being taken _____

Date of last tetanus shot _____

Physical impairments _____

Other _____

Personal Physician Name, Address & Phone _____

Health Insurance Company _____

Policy Number/Group Member ID _____

Contact Information _____

Agent _____