

# 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) \_\_\_\_\_

**Health Insurance Coverage**

Company \_\_\_\_\_

Policy number \_\_\_\_\_

Insurance agent: \_\_\_\_\_

**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!**