Office use only: Grade _____ Day _____ Time _____ Room _____

ADULT VOLUNTEER EMERGENCY INFORMATION 2010-2011

_____

Last Name First Name Middle Initial

_____

Address City/State Zip

_____

Home Phone Work Cell Phone

E-Mail Address_____

Employer_____

Name

_____

Address City/State Zip

Medical Insurer _____ DOB _____

Policy # _____ Group #_____

Medical Conditions _____

Allergies _____ Drug Allergies _____ Asthma _____

Current Medications _____

Persons to contact in case of emergency

Name _____ Phone # _____

Address _____ City _____

Relationship _____

Name _____ Phone # _____

Address _____ City _____

Relationship _____

Authorization for Emergency Treatment

I, who by law may do so, authorize the administration of emergency medical treatment to she/he who is subject of the form. I understand that all reasonable safety precautions will be taken at all times by St. Elizabeth Ann Seton Church or its agents liable for any accident, injury or disease incurred by the subject of this form. I understand that, in the event medical intervention is needed, every attempt will be made to contact the person(s) above immediately.

Volunteer's Signature _____ Date _____