Habitat for Humanity® Lumpkin County

2015
Emergency Medical Form

Volunteer name: _____

Group name: _____

Trip Dates:

_____to_____

EMERGENCY MEDICAL INFORMATION

In case of Emergency Please Contact:

Name: _____

Relationship: _____

Address: _____

Phone: (H) _____ (W) ____ _____ (Cell) _____ _____

Personal Physician:

Name: _____ Hospital /Group _____

Address: _____

Phone: (H) _____ (W) _____ (After Hours) _____

Health Insurance Coverage:

Insurance Company: _____ Group ID # _____

Subscriber Name: _____ Subscriber ID #_____

Insurance Agent: _____ Phone: _____

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: _____

_____