

L.E. Phillips Senior Center Volunteer's Emergency Information

Personally identifiable information collected on this form will be used to best handle any emergency medical situation that may occur. Such information obtained on this form will be considered confidential and will not be released without permission and will be retained only for the duration of volunteer service.

Volunteer's Name:

Volunteer's Address, City, State, Zip

Volunteer's Phone Number

In case of emergency, whom do you wish notified?

Telephone Area/No.
(Home)
(Work)

If there is no answer, call: (Name of Relative, Neighbor, etc.)

Telephone Area/No.
(Home)
(Work)

I authorize all treatment deemed advisable and suggested by:(doctor)

Telephone Area/No.
(Office)
(Other)

OR, the Emergency Room at (Hospital, Clinic, or Other)

OR, if unavailable, any appropriate medical care deemed advisable by L.E.Phillips Senior Center

Yes

No

Volunteer's Signature:

Date:

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IMPORTANT

If you have any unusual health hazards such as easily bleeding, serious drug allergies, or are not to be referred to a doctor for religious reasons put an "X" in the box and describe the situation in the space below.

For your own protection and safety while at L.E.Phillips Senior Center should a personal emergency arise could you tell us of any existing medical conditions requiring medications and what they are:

Medication(s)

Condition(s)

1. -

2. -

3. -

4. -