



Volunteer Emergency Information

Print Name Last _____ First _____

Please list pertinent medical information below, including special medical concerns, medications, allergies, other. Use reverse side or attach information, if necessary.

In case of emergency contact:

Name	Relationship	Phone
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Please list below any activities in which you cannot participate due to physical restrictions.

By signing below, I indicate I understand that this information will be held securely and shared with appropriate personnel in case of emergency.

Signature _____ Date _____ 2008