

Habitat for Humanity of Greenville County

EMERGENCY MEDICAL INFORMATION

Volunteers Name: _____

In case of emergency, please contact:

Name: _____

Relation: _____

Address: _____

Phone (home) _____ (work) _____ (cell) _____

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 taken: _____

Date of last tetanus shot _____

Physical impairments _____

Other _____

Personal Physician:

Name: _____

Address: _____

Phone (work): _____ (home) _____

Health Insurance Coverage:

Company: _____

Policy Number: _____

Insurance Agent: _____