

Medical Information and Release Form for Volunteers

Please complete all sections of this form. Once completed, print the form, sign and date the release section, and submit it to the volunteer coordinator.

1. Volunteer Personal Information

Full Name:

Date of Birth (MM/DD/YYYY):

Phone Number:

Email Address:

Street Address, City, State, ZIP:

2. Emergency Contact Information

Primary Emergency Contact Name:

Relationship to Volunteer:

Emergency Contact Phone Number:

3. Medical Information

Blood Type (if known):

Known Allergies (Food, Drug, Insect, Environmental):

Existing Medical Conditions or Physical Limitations:

Current Medications (especially those that may require emergency administration):

Health Insurance Provider:

Policy/Group Number:

4. Liability Release and Medical Authorization

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily. I seek to volunteer for the organization and perform activities related to being a volunteer. I assume full responsibility for any risk of bodily injury, personal

injury, illness, death, or property damage arising out of or related to my volunteer activities.

In the event of a medical emergency, I hereby authorize the organization staff, coordinators, or designated representatives to obtain necessary medical treatment on my behalf if I am unable to do so, and I accept full financial responsibility for such treatment.

Volunteer Signature (Sign after printing):

Date (MM/DD/YYYY):

Parent/Guardian Signature (If volunteer is under 18 years of age):