

School Volunteer Emergency Contact and Consent Template

Please complete this form in full. This document will be kept on file for emergency purposes during your volunteer service.

1. Volunteer Personal Information

Full Name:

Date of Birth (MM/DD/YYYY):

Primary Phone Number:

Email Address:

Home Address:

2. Primary Emergency Contact

Contact Name:

Relationship to Volunteer:

Primary Phone:

Alternate Phone:

3. Secondary Emergency Contact

Contact Name:

Relationship to Volunteer:

Primary Phone:

Alternate Phone:

4. Medical Information (Optional)

Please list any medical conditions, allergies, or medications we should be aware of in an emergency:

Primary Physician Name:

Physician Phone Number:

5. Consent and Liability Release

By signing below, I attest that the information provided on this form is true and accurate. In the event of a medical emergency, I hereby authorize school staff to contact the emergency contacts listed above and/or seek necessary medical treatment.

Do you agree to the consent terms above? (Type "YES" or "NO"):

Volunteer Signature (Print Name to Sign):

Date (MM/DD/YYYY):