

Senior Volunteer Emergency Contact and Medical Release Form

Please complete this form to ensure we have the necessary emergency contact and medical information on file. This form will be kept confidential and used only in the event of an emergency.

Volunteer Personal Information

Full Name:

Date of Birth:

Street Address:

City, State, Zip:

Phone Number:

Email Address:

Primary Emergency Contact

Contact Name:

Relationship:

Primary Phone:

Alternate Phone:

Secondary Emergency Contact

Contact Name:

Relationship:

Primary Phone:

Alternate Phone:

Medical & Health Information

Primary Physician Name:

Physician Phone:

Preferred Hospital:

Known Medical Conditions:

Allergies (Food, Drug, Environment):

Current Medications (Optional):

Medical Release and Authorization

In the event of an emergency, medical issue, or injury while performing volunteer services, I hereby authorize the staff, coordinators, or designated representatives to secure medical treatment for me, including but not limited to calling emergency medical services, transportation to a hospital, and administration of necessary medical care. I agree that I will be responsible for any and all costs associated with such emergency medical treatment.

Volunteer Signature:

Date: