



Medical Information For Volunteers

Every volunteer must complete this form at the start of every deployment.

Congregation

Name: _____ Blood Type: _____

Date of Birth: _____

Emergency Contact at Home: _____ Relationship: _____

Street Address: _____ City, State: _____

Home Phone: _____ Cell Phone: _____

Pastor and Home Congregation Name: _____

Pastoral Contact: _____

Medications and Medical History

Current Medications:

Name: _____ Dosage: _____ Frequency: _____

Name: _____ Dosage: _____ Frequency: _____

Name: _____ Dosage: _____ Frequency: _____

Name: _____ Dosage: _____ Frequency: _____

Name: _____ Dosage: _____ Frequency: _____

Allergies: _____

Implants, including joints, hearing devices, heart devices, etc: _____

Other items or health diagnosis a medical provider should be aware of (such as diabetes): _____

Name of Family Physician or Health Provider: _____

Contact Phone: _____ other contact info: _____

Health Insurance Provider: _____ Policy No. _____

This form is to be placed in a sealed envelope with volunteer's name and current date on the exterior. It will be provided to emergency care providers should the volunteer require any type of treatment and opened only by them. At the end of the deployment this form should be obtained from the team leader. A new form will be required at the beginning of a new deployment.