

## Volunteer Emergency Contact Form

### Volunteer Information

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Secondary Phone Number: \_\_\_\_\_

### Medical Information

Known Allergies: \_\_\_\_\_

Known Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Secondary Phone Number: \_\_\_\_\_

Does this person have the authority to authorize emergency medical care? \_\_\_\_\_