

_____, _____
Your Last Name

Your First Name

Emergency Medical Information

In case of emergency, please contact:

Name: _____ Relation: _____

Address: _____

Phone: (home) _____ (work) _____

The following information may be needed by any hospital or medical practitioner not having access to the Volunteer's medical history. Providing this information to Habitat does not imply our obligation or intent to provide meals that meet your dietary needs:

Allergies (medicine, food, etc.): _____

Medications being taken: _____

Date of last tetanus shot: _____

Physical impairments: _____

Other: _____

Personal Physician:

Name: _____

Address: _____

Phone: _____

Health Insurance Coverage:

Company: _____

Policy number: _____

Insurance Agent: _____