

## **Volunteer Emergency Medical Information**

*Habitat for Humanity of Williamson County*

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

**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:**

Allergies (medicine, food, etc.): \_\_\_\_\_

Medications being taken: \_\_\_\_\_

**Sign:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*All information is confidential and is only to be used in case of a medical emergency.\*\***