

\_\_\_\_\_, \_\_\_\_\_  
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: \_\_\_\_\_