

## SHS Volunteer Emergency Information 2020-2021

*The office staff requests the completion of this form to have on hand in case you are in need of care while on campus. The information will be kept in the front office and will be treated as confidential.*

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Street Address \_\_\_\_\_ Home Phone # \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City, Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_

Can #'s be shared with Staff Members Y N

In case of an emergency contact the following people:

1. Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Place of employment \_\_\_\_\_

Phone # during school hours \_\_\_\_\_ Cell # \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Place of employment \_\_\_\_\_

Phone # during school hours \_\_\_\_\_ Cell # \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Clinic Name \_\_\_\_\_ Location \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

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

List any health concerns, diseases and history (e.g. Diabetes, Coronary Artery Disease, Congestive Heart Failure, etc...)

\_\_\_\_\_  
\_\_\_\_\_

Current Medication(s)  
Drug Name

Dosage

Frequency

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_