

Medical Information for Individual Volunteers

(Every volunteer MUST complete this form - complete the separate medical form for minors)

A copy should go in the packet to the work organization and a copy in the Team Leader's file on site

NAME _____ Blood Type _____

Prescriptions currently being taken:

Name _____ Dosage _____ Frequency _____

Name _____ Dosage _____ Frequency _____

Name _____ Dosage _____ Frequency _____

Name _____ Dosage _____ Frequency _____

Allergies _____

Name of contact person at home _____ Relationship _____

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Health Insurance Company _____

Policy Number _____ (Attach copy of Insurance Card)

Physical Limitations or issues: _____

I am a diabetic _____ Yes _____ No I have a history of seizures _____ Yes _____ No

Provide helpful health information _____

I consider myself healthy enough to fulfill my responsibilities on this volunteer trip _____ Yes _____ No

Signature of Volunteer _____ Date ____ / ____ / ____

____ Adult ____ Youth If a youth, parent or guardian's signature _____