

Canton Township Leisure Services Department
Volunteer Emergency Medical Information Sheet

Name _____ Date of Birth _____

Address _____

City _____ Zip _____

Phone Number _____ Other Phone Number _____

In case of emergency, notify _____

Relation to Volunteer _____

Phone Number _____ Other Phone Number _____

2nd Emergency Contact _____

Relation to Volunteer _____ Phone Number _____

The information below is designed to provide you with proper medical care in the event of an emergency and is **VOLUNTARY**- completion of the below is **OPTIONAL**:

Allergies/sensitivities: _____

Medical conditions the Township should be aware of: _____

Medications: _____

The information I have provided above is accurate. I understand and acknowledge that this information could be made available to any employee who could assist me in the event of an emergency.

Volunteer's Signature

Date

Parent/Guardian of Volunteer (if minor)

Date

Internal Use Only

___ Original sent to CLS Administration Office

___ Copy sent to volunteer's work site