

St. Paul's Roman Catholic Church
209 Washington Street
Delaware City, DE 19706

VOLUNTEER EMERGENCY FORM

Volunteer

Last Name _____ First Name _____
Address _____ Development _____
City _____ State _____ Zip Code _____
Telephone Number _____ E-mail Address _____

Spouse

Last Name _____ First Name _____
Telephone Number _____ E-mail Address _____

Child(ren) [if in the Religious Education Program]

Name _____
Name _____
Name _____
Name _____

Nearest relative not living with you

Full Name _____ Relationship _____
Address _____ Phone Number _____

Medical

Name of provider _____
Policy Number _____ Group Number _____
Family physician _____ Phone Number _____
Dentist _____ Phone Number _____

Emergency contacts

Name _____ Phone Number _____
Name _____ Phone Number _____
Name _____ Phone Number _____

List any information that emergency medical personnel may need to be aware of (i.e. allergies), medications you are taking and why, or any other pertinent information or history.

In an emergency situation, I authorize St. Paul's Religious Education Coordinator to notify the contacts listed on this form and follow their instructions regarding emergency care in any situation in which I am unable to respond. In any acute emergency situation or in the event the named individuals can not be reached, I consent to the St. Paul's Religious Education Coordinator to call 911 and transport me to the nearest emergency department or act as directed by emergency care professionals.

Signature _____ Date _____
Name (print): _____