Eastern Shore of Virginia Habitat for Humanity®

## Emergency Medical Information

**In case of emergency, please contact:**

Name:_____

Relation:_____

Address:_____

Phone: (Home)_____ (Work) _____

(Cell) _____

**The following information may be needed by any hospital or medical practitioner not having access to the Volunteer's medical history:**

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: _____