

## VOLUNTEER EMERGENCY INFORMATION

Volunteer Name: \_\_\_\_\_

Home address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Name of relative, friend or neighbour who should be contacted in case of a sudden illness or emergency.

NAME	RELATIONSHIP	WORK PLACE & PHONE NO	HOME PHONE NO

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Medicare No: \_\_\_\_\_ Private Health Fund: \_\_\_\_\_

1. In case of emergency, I hereby authorise the Principal, Assistant Principal or his representative to contact my doctor, or the nearest doctor available, and if necessary call an ambulance.
2. I do / do not (\*) give permission for an anesthetic to be administered in an emergency.
3. I do / do not (\*) give permission for a blood transfusion to be administered in an emergency.
4. I do / do not (\*) have Ambulance cover.

(\*) Please indicate your preferences above

Please state any Medical conditions you may have eg. allergies, asthma, diabetes, seizures, any other.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To assist us with church liaison:

Church: \_\_\_\_\_

Address: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_