

**IRUSA VOLUNTEER EMERGENCY CONTACT INFORMATION**

<b>Personal Information</b> <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Miss	
Name (First & Last)	
Street Address	
City, State Zip Code	
Phone#	E-Mail Address:
Are you under the age of 18?	

<b>Emergency Information</b>	
Emergency Contact #1:	
Relationship to you:	
Home Phone:	Cell Phone:
Emergency Contact #2:	
Relationship to you:	
Home Phone:	Cell Phone:

<b>Medical Information</b>	
Health Insurance Type:	
Group Number:	
Member Number:	
Name of Physician:	Office Number:

<b>Completion of the information below is <u>VOLUNTARY</u>. It is to help you obtain proper medical care in the event of an emergency.</b>	
Allergies:	
Medications:	
Describe any important medical information that would be needed in cases of emergency:	

The information I have provided above is accurate. I understand and acknowledge that this information is confidential, but that it may be made available to an IRUSA employee in the event of an emergency.

**Volunteer's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Parent/Guardian of Volunteer** \_\_\_\_\_  
**(if minor)** \_\_\_\_\_ **Date** \_\_\_\_\_