

Chapman School

Medical Information Form for Volunteers

Parents who regularly volunteer at Chapman should complete this form. The information on the form will be used only in the event of an emergency while you are volunteering at the school. This form is stored in the school office and the information will remain confidential.

Emergency Information

Volunteers Name

In case of Emergency, please notify:

Name of Emergency Contact

Home Phone

Address of Emergency Contact

Work/Cell Phone

Name of Doctor

Phone Number

Address of Doctor

Preferred Hospital

Medical Insurance Coverage

ID Number

Other pertinent medical information (i.e. bee sting allergy, epileptic, medical alert bracelet, etc.)

Signature

Date