

The East Woods Health and Safety Committee is offering this information form for anyone in the congregation who would like to have medical and contact information on hand in the church office for the benefit of first responders in the event of an emergency. If interested, please fill in the requested information and submit the completed form to the church office.

EMERGENCY MEDICAL INFORMATION FORM

Date form updated: Month: _____ Year: _____

Name: _____ Phone: _____

Address: _____

Date of Birth: _____ Blood Type: _____

Parent/Legal Guardian: _____

Do Not Resuscitate Form is attached, or located at: _____

EMERGENCY CONTACTS

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

MEDICAL CONDITIONS

1: _____

2: _____

3: _____

4: _____

Allergies: _____

Primary Physician: _____

Phone: _____ Name of Clinic: _____

Hospital Preference: _____

Any additional information you would like us to know:

All information on this form is **voluntary** and will only be used to assist you in the event of an emergency. You may update or revoke this form at **any time**. A copy of this form will be kept on file in the church office and will only be accessed by a member of the Health and Safety Committee in order to assist you and/or the emergency medical response team.

Signed: _____ Date: _____