

MEDICAL INFORMATION FOR VOLUNTEERS

(Required for all volunteers)

Please complete the following and give to The Carpenter's Apprentice team leader. The original will be kept on file in case of a medical emergency. Team leaders will retain copies on work sites.

NAME: _____ Blood Type _____

Volunteer's physician _____ Phone _____

Prescriptions I use: _____

I am allergic to: _____

Date of last tetanus shot ____/____/____ (MUST be within last ten years, preferably five)

Health insurance company: _____ Policy Number: _____

I am diabetic: Yes _____ No _____ I have a history of seizures: Yes _____ No _____

Heart trouble: Yes _____ No _____

Explanation / Concerns : _____

I consider myself healthy enough to fulfill my responsibilities on the volunteer team. Yes _____ No _____

I _____, authorize The Carpenter's Apprentice,
(signature of volunteer)

if I am unable to do so, to consent to any necessary examination, anesthetic, medical diagnosis, surgery, or treatment and/or hospital care rendered to me under the general or special supervision and on the advice of any physician or surgeon licensed to practice medicine by the state or country in which they practice.

Parental Release & Consent Form

(To be completed by a parent or legal guardian of any volunteer under age 18)

Name of volunteer: _____

I hereby give permission for my child to serve in The Carpenter's Apprentice project. In the event of an emergency during the duration of the trip, I hereby give consent to a licensed physician to hospitalize, secure proper treatment, anesthesia and/or surgery for my child named above.

I understand that I am responsible for his/her medical insurance and will not hold The Carpenter's Apprentice, any and all partner churches, facilities or organizations, together with their officers, agents, servants and employees liable for any injury or damage to my child while engaged in the project.

Name Parent/Guardian: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Your relationship to participant: _____

Insurance company: _____

Does your child have any physical limitation that might affect his/her work? Yes _____ No _____

Explain: _____

Special needs if any: _____

Signature of Parent or Guardian: _____ Date: _____