

EPISCOPAL APPALACHIAN MINISTRIES WORKCAMP

INFORMATION AND MEDICAL RELEASE FORM

This form must be kept in the vehicle in which you are traveling at all times.

Name _____ Birthdate ____/____/____
(Last) (First) (Mid.Initial)

Address _____ (____)
(Street) (City) (State) (Zip Code) (Phone Number)

Blood type _____ Social Sec.# _____

In case of emergency contact:

Name _____ Daytime Phone (____) _____
(Parent, Spouse, or Legal Guardian) Evening Phone (____) _____

Address of Above _____
(Street) (City) (State) (Zip Code)

Name _____ Daytime Phone (____) _____
(Parent, Spouse, or Legal Guardian) Evening Phone (____) _____

Address of Above _____
(Street) (City) (State) (Zip Code)

Other relative or responsible person:

Name _____ Relationship _____ Daytime Phone (____) _____
Evening Phone (____) _____

Address _____
(Street) (City) (State) (Zip Code)

Date of last tetanus shot _____

Medication(s) you cannot take: _____

Dietary restrictions: _____

Allergies/special health problems or concerns:

Insurance Co. _____ Phone (____) _____

Address _____
(Street) (City) (State) (Zip Code)

Policy # _____ Policy Holder's Identification # _____

Doctor's Name _____ Phone (____) _____

Address _____
(Street) (City) (State) (Zip Code)

