First United Methodist Church

Lakeland, Florida 863-686-3163

MEDICAL INFORMATION FOR INDIVIDUAL VOLUNTEERS

(Every Volunteer Needs to Fill Out This Form)

Return the completed form to Carol Marsh, or your Volunteer Team Leader.
The Team Leader should retain a copy ON SITE to use in case of emergency.

1. Name: ____
   Address: ____
   ____

2. Blood Type: ____

3. Information about any prescriptions you are currently taking:
   ____
   ____
   ____

4. Allergies: ____

5. Name of Contact Person: ____

   A. Street Address: ____
   B. City: ___________________________ State: ______________ Zip: ________
   C. Phone: Work: ______________Home: ______________Cell_______________
   D. Relationship to volunteer: ____

6. Health Insurance Company Information: ____________________________________
   A. Policy Number: ____

7. Physical limitations or concerns:
   ____
   ____

8. I am diabetic: Yes: _______________________ No: _________________________

9. I have a history of seizures: Yes: ______________No: _________________________

10. Please provide other helpful health information:
    ____
    ____
    ____

11. I consider myself healthy enough to fulfill my responsibilities on the mission team: Yes: ___ No: ___

____
Signature & Date

Revised 2-1-10