

MERIDIAN PARK SCHOOL VOLUNTEERS
Health, Safety Concerns and Emergency Information

Please complete this form (even if you filled one out last year) and return it to Mary Crandell or the Meridian Park Office. While we always hope to not need this type of information, if we do, it is most helpful to have it readily available. If you have health concerns that you feel someone should be aware of, please let me know. I'm thinking of things like significant allergies, diabetes, asthma, and medications taken routinely, etc. If you have no particular health concern(s), please return the completed for use in case of emergency. It will be appreciated if you let us know if this information changes. Thank you!

Name: _____ Home Phone: _____

Address: _____

Car Description: _____ License Plate #: _____

Car Description: _____ License Plate #: _____

Health Issue(s): _____

Medication Routinely Taken: _____

Emergency Medications/Supplies Can Generally Be Found: _____

Physician: _____ Phone: _____

Health Insurance: _____

In Case of Emergency, Please Notify (i.e. spouse, family member, friend, child's daycare):

Name: _____ Phone: _____

Name: _____ Phone: _____

Special Circumstances: _____

Disaster/Extreme Emergency Phone Number: _____

These completed forms will be kept in a confidential manner, such as in a folder in a locked file cabinet in the Nurse's office. If there is information you prefer us to not have knowledge of unless an emergency arises, please photocopy the form with the information you want sealed, and place the completed form in two sealed envelopes (the office would also like to keep a copy, and will also treat it carefully). Remember to write your name on the outside of the envelopes, Then return both forms to Mary Crandell or the Office. We will staple the sealed envelopes to another form and forward to the appropriate people.