

Emergency Medical Information

Volunteers must complete this form with the most recent information available. This will be kept on file in case you need medical assistance, lose your information or if there is a medical emergency. Please provide us with a photocopy of your passport, health insurance policy and plane ticket.

Name:

Dates of departure and return to country of origin:

Birth date:

Home address:

E-mail address:

Medical insurance plan:

List any medications:

List any allergies:

Describe any medical conditions/history (use another sheet of paper if necessary):

- .
- .
- .

Contact information of three next of kin or contact persons (e-mail, address and phone):

- .
- .
- .