

# AMERICORPS EMERGENCY INFORMATION

## EMERGENCY CONTACT FORM

MEMBER'S NAME	BIRTHDATE
ADDRESS	HOME PHONE#
EMERGENCY CONTACT	PHONE #
ADDRESS	WORK PHONE #
HEALTH INSURANCE	POLICY #
NAME OF PHYSICIAN / MEDICAL CARE PROVIDER	PHONE #
EMERGENCY MEDICAL CARE SITE	PHONE #
EMERGENCY CHILD CARE PROVIDER	PHONE #
MEDICATIONS TAKEN REGULARLY	ALLERGIES
(IF CHILDREN) CHILD CARE PROVIDER(S)	PHONE NUMBER

SAMPLE

\_\_\_\_\_  
SIGNATURE OF MEMBER

\_\_\_\_\_  
DATE