

Medical Emergency Information: Coastal Habitat for Humanity

NAME: _____ Phone: _____

Address: _____

Emergency contact: _____ **Phone:** _____

Address: _____

Relationship to you: _____

Health Insurance Coverage: _____

Company: _____ ID# _____

Personal Physician: _____ Phone: _____

Allergies? _____ List: _____

Medications: _____ Date of last tetanus Shot: _____

Physical impairments: _____

Other info: _____

ACKNOWLEDGMENT FORM: I acknowledge that I have received a copy of Coastal Habitat for Humanity's Work Crew Safety sheet; that I have read it and reviewed it with my supervisor; and that I understand its contents.

Print Name _____

Sign Name _____ Date: _____