



Episcopal Diocese of Louisiana

The Right Rev. Charles Jenkins, Bishop

Office of Disaster Response

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YOUTH VOLUNTEER MEDICAL INFORMATION

I understand and acknowledge that in the event of an emergency it is the responsibility of my team leader to consent to and obtain necessary medical treatment on my behalf if I am unable to act and that the Episcopal Diocese of Louisiana is not responsible for obtaining or consenting to any medical treatment on my behalf. I further hold harmless the Episcopal Diocese of Louisiana from any liability for acting or failing to act in obtaining or consenting to any such medical treatment.

(PLEASE PRINT):

Name _____
(first) (middle) (last)

Address _____
(street)

(city) (state) (zip)

EMERGENCY CONTACTS:

Name: _____
(first) (middle) (last)

Phone: _____
(with area code) (day) (evening)

Name: _____
(first) (middle) (last)

Phone: _____
(with area code) (day) (evening)

YOUR PHYSICIAN:

Name: _____

Phone: _____
(with area code)

MEDICAL CONDITION:

List any medical conditions you have (asthma, diabetes, epilepsy, etc.):

List any allergies or allergic reactions to medications:

List any medications you are currently taking:

Date of your most recent Tetanus shot: _____

Other pertinent medical information: _____

MEDICAL INSURANCE:

Company _____ Policy No. _____

(Please Attach Copies of Medical Insurance Card and Prescription Drug Card)

(Signature of Participant) (Date)

(Signature of Parent) (Date)