



HSDC Volunteers

Confidential Medical Information

In case of an emergency, the Hearing, Speech & Deafness Center keeps on file information that could assist emergency medical personnel. Such information is kept confidential, but could be of great importance should an emergency occur. This information, provided by each volunteer, is kept in a sealed envelope at the front of their volunteer file.

Would you please take a moment and provide this information? Below is a short form to guide you. Feel free to attach extra pages, use the back of this form, a separate piece of paper, or whatever is necessary. When you are done, please place your form in the envelope provided. Be sure to write your name on the outside of the envelope so it can be filed without being opened. If you have nothing that should be on file, please write, “nothing” or “not necessary” or some similar message across the bottom of this form, plus your name, and return it anyway.

Thank you! ☺

Name: _____

Medical Conditions / Medication / Allergies that should be known in an emergency:

Emergency Contact Name: _____

Emergency Contact Phone Number(s): _____