

**Roseville Community Preschool
50 Corporation Yard Road
Roseville, CA 95678**

EMERGENCY INFORMATION FOR PARTICIPATING VOLUNTEER

NAME _____ **PHONE** _____

ADDRESS _____

CITY _____ **ZIP** _____

SPOUSE _____ **WORK PHONE** _____

CELL PHONE _____

OTHER _____

ADDITIONAL PERSONS IN CASE OF EMERGENCY

NAME _____ **PHONE** _____

NAME _____ **PHONE** _____

PHYSICIAN TO BE CALLED IN CASE OF EMEGENCY

NAME _____ **PHONE** _____

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN

MEDICAL INSURANCE COMPANY _____

POLICY/MEDICAL RECORD NUMBER _____

ALLERGIES AND/OR MEDICAL CONDITIONS _____

PERMISSION FOR EMERGENCY MEDICAL CARE

NAME _____ **DATE** _____

SIGNATURE _____