

The Episcopal Diocese of Iowa — Office of Disaster Response



www.IowaEpiscopal.org
225 37th St., Des Moines, IA 50312
(515) 277-6165

Diocesan & Statewide Coordinator: *pegenereux@msn.com*
The Rev. Pat Genereux (319) 750-0338

Coordinators of Diocesan Volunteers: *iafloodvolunteer@yahoo.com*
The Rev. Betsy Lee (563) 299-7408
The Rev. Susanne Watson Epting (563) 359-0541

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 Iowa is not responsible for obtaining or consenting to any medical treatment on my behalf. I further hold harmless the Episcopal Diocese of Iowa 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 _____
Phone _____
(with area code) (day) (evening)

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

YOUR PHYSICIAN:

Name _____
Phone _____
(with area code)

MEDICAL CONDITON:

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.: _____

PRIVACY NOTE: A COPY OF THIS MEDICAL FORM SHOULD BE WITH YOUR TEAM LEADER AT ALL TIMES.