Volunteer medical cards for practical tasks

Print the pages back to back on bright coloured card, fold and guillotine so they fit into wallets.

Hand out to volunteers to fill in at the start of the task. Place them in a secure location (normally in 1st Aid Kit). Return to the volunteers at the end of the task for them to bring with them next time. The information can then remain confidential but is available in case of emergencies.

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Please bring this card with you to all tasks/events and show it to the leader/first aider at the beginning.	Insert Project/Company Name Insert Logo
Thank you.	Volunteer Information
	Name:
Insert Project/ Company contact details	Address:
Volunteer Information Continued GP:	Contact Details for Emergencies
Address:	Name:
Allergies/disabilities:	Relationship to you:
	Daytime phone:
	Eve/weekend phone:
Do you normally carry medication with you?	
N/A □ Y □ Specify	Mobile:
Please bring this card with you to all tasks/events and show it to the leader/first aider at the beginning.	Insert Project/Company Name Insert Logo
Thank you.	Volunteer Information
	Name:
Insert Project/ Company contact details	Address:
Volunteer Information Continued	Contact Details for Emergencies
GP:	.
Address: Allergies/disabilities:	Name:
	Relationship to you:
	Daytime phone:
Do you normally carry medication with you?	Eve/weekend phone:
N/A □ Y □ Specify	Mobile:

Volunteer Information Continued	Contact Details for Emergencies
GP:	Name:
Allergies/disabilities:	Relationship to you:
	Daytime phone:
Do you normally carry medication with you?	Eve/weekend phone:
N/A □ Y □ Specify	Mobile:
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	Name:
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	-
Volunteer Information Continued	Contact Details for Emergencies
Volunteer Information Continued GP:	Contact Details for Emergencies
	Contact Details for Emergencies Name:
GP:	Name:
GP: Address:	Name:
GP: Address: Allergies/disabilities:	Name:
GP: Address: Allergies/disabilities: Do you normally carry medication with you?	Name: Relationship to you: Daytime phone: Eve/weekend phone:
GP: Address: Allergies/disabilities:	Name: Relationship to you: Daytime phone:
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GP:Address: Allergies/disabilities: Do you normally carry medication with you? N/A □ Y □ Specify Please bring this card with you to all tasks/events and	Name: Relationship to you: Daytime phone: Eve/weekend phone: Mobile:
GP:Address: Allergies/disabilities: Do you normally carry medication with you? N/A □ Y □ Specify Please bring this card with you to all tasks/events and show it to the leader/first aider at the beginning.	Name: Relationship to you: Daytime phone: Eve/weekend phone: Mobile: Insert Project/Company Name Insert Logo
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