



Forms created by PA Lions Disaster Relief Team
FOR USE IN CASE OF EMERGENCY

LIONS DISASTER RELIEF TEAM

MEDICAL FORM

PLEASE PRINT

Today's Date: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____ Date of Birth: _____ Male Female

In Case of Emergency, Please Notify: _____ Relationship: _____

Home Address: _____

Home Phone: _____ Work#: _____ Cell#: _____

In Case of Emergency, Please Notify **Back Home**: _____ Relationship: _____

Home Address: _____

Home Phone: _____ Work#: _____ Cell#: _____

Do you have any medical issues that might be of concern on this trip? Yes____ No____
(If Yes, please describe): _____

Please list any medications you are currently taking: _____

Please list the name and phone # of your primary care physician: _____

Please list any additional information you feel may be helpful:

PLEASE USE BACK OF THIS PAGE IF YOU NEED ADDITIONAL ROOM TO COMPLETE THIS FORM. THANK YOU FOR VOLUNTEERING!!!