

Brick Township Public Schools Volunteer Emergency Procedure Form

Please fill out the below form and return to the main office of each school for which you volunteer

Name: _____
(Print) Last First

Address: _____

Home Phone: _____

Cell Phone: _____

Contact in case of emergency, illness or accident:

1. _____
Print Name Phone Number

2. _____
Print Name Phone Number

Indicate choice of local doctor(s):

1. _____
Doctor's Name Phone Number

2. _____
Doctor's Name Phone Number

Please indicate any information which would assist us in giving you emergency care, e.g. cardiac, diabetic, asthmatic, or convulsive disorder.

Contact Lenses: _____ yes _____ no

Signature: _____ Date: _____