



**IT IS THE POLICY OF ELDERSOURCE TO CALL 911 IN THE
EVENT OF A MEDICAL EMERGENCY**

Volunteer's Name: _____

Address: _____

City/State: _____

Phone: _____

In the event of an emergency, accident or injury, please contact:

Emergency Contact Name: _____

Relationship: _____

Home Phone: _____ Business Phone: _____

If the above person cannot be reached, please contact:

Name: _____

Home Phone: _____ Business Phone: _____

Physician's Name: _____ Phone: _____

Signed: _____ Dated: _____