



**Canton Township Leisure Services Department  
Volunteer Emergency Medical Information Sheet**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Other Phone Number \_\_\_\_\_

In case of emergency, notify \_\_\_\_\_

Relation to Employee \_\_\_\_\_

Phone Number \_\_\_\_\_ Other Phone Number \_\_\_\_\_

2nd Emergency Contact \_\_\_\_\_

Relation to Employee \_\_\_\_\_ Phone Number \_\_\_\_\_

The information below is designed to provide you with proper medical care in the event of an emergency and is **VOLUNTARY**- completion of the below is **OPTIONAL**:

Allergies/sensitivities: \_\_\_\_\_

Medical conditions the Township should be aware of: \_\_\_\_\_

Medications: \_\_\_\_\_

The information I have provided above is accurate. I understand and acknowledge that this information could be made available to any employee who could assist me in the event of an emergency.

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian of Volunteer (if minor)

\_\_\_\_\_  
Date

Internal Use Only

\_\_\_ Original sent to CLS Administration Office

\_\_\_ Copy sent to volunteer's work site