



# Frederick Classical Charter School

## Volunteer Emergency Form

*(Confidential: To be kept on file in the office only)*

NAME: \_\_\_\_\_

EMERGENCY CONTACT PERSON'S NAME: \_\_\_\_\_

EMERGENCY CONTACT PHONE NUMBER: \_\_\_\_\_

PHYSICIAN'S NAME: \_\_\_\_\_

PHYSICIAN'S PHONE NUMBER: \_\_\_\_\_

ALLERGIES OR OTHER HEALTH CONDITIONS: \_\_\_\_\_

\_\_\_\_\_

PRINT VOLUNTEER NAME: \_\_\_\_\_

SIGN VOLUNTEER NAME: \_\_\_\_\_

DATE: \_\_\_\_\_