

# Emmaus Farm

## Health Insurance/Medical Form

Name of volunteer participant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Circle one: Male / Female

Name of parish, school, or group: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of trip to Emmaus Farm: \_\_\_\_\_

Emergency Contact person: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Daytime phone: \_\_\_\_\_ Evening phone: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Dietary restriction: \_\_\_\_\_

Medical needs (assistance, refrigeration, etc.): \_\_\_\_\_

Blood type (if known): \_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Please list any limitations to physical labor, or emotional or psychological conditions:

\_\_\_\_\_

Complete name of insurance company: \_\_\_\_\_

Policy number/group number: \_\_\_\_\_

Name on insurance card: \_\_\_\_\_

Card holders date of birth: \_\_\_\_\_

Card holders social security number: \_\_\_\_\_

Employer's name: \_\_\_\_\_

If an accident occurs, mail claim to: \_\_\_\_\_

I, the volunteer, understand that Emmaus Farm does not carry or maintain health, medical, or disability insurance coverage for any volunteer. I expressly waive any such claim for compensation or liability on the part of Emmaus Farm in the event of such injury or medical expense. I understand that Emmaus Farm requires me to carry medical insurance in order to participate in any volunteer activities at Emmaus Farm. I hereby release and forever discharge Emmaus Farm from any claim whatsoever that arises or may hereafter arise on account of any first aid treatment or other medical services rendered in connection with my activities with Emmaus Farm.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date