



A Member of the St. Luke's Episcopal Health System

## MEDICAL INFORMATION AND AUTHORIZATION FOR EMERGENCY MEDICAL CARE FOR MINORS

**Junior Volunteer's Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**In case of an emergency, please notify:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Physician's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Overall Health:**

List any known medical or physical conditions: \_\_\_\_\_

\_\_\_\_\_

List any known allergies to food or medicine: \_\_\_\_\_

Date of most recent measles vaccination: \_\_\_\_\_

(Must be since 1990)

List medications taken regularly: \_\_\_\_\_

\_\_\_\_\_

### **Parental/Guardian Consent for Emergency Care:**

The undersigned herewith authorizes St. Luke's Hospital at The Vintage to provide any emergency care that might be needed in the event of injury or illness for \_\_\_\_\_, an unmarried person under 18 years of age still living at home and/or supported by me.

**Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Signature)

### **REQUIRED HEALTH REVIEW**

It is a hospital requirement that all volunteers have a health review that includes a **TB (PPD) skin test**. If you are selected as a junior volunteer, you will receive the appropriate form for your physician to complete with your acceptance letter. This completed form will be due to Volunteer Services by **Friday, May 20, 2011**. If it is not received by this date, an alternate will be placed in your position.