



536 North Eastern Boulevard • Post Office Box 53485 • Fayetteville, NC 28305 • 910 486 0221 Fax 910 486 4209 • www.capefearbg.org

VOLUNTEER EMERGENCY CONTACT INFORMATION

(PLEASE PRINT CLEARLY)

Date: _____

Your name: _____

Your home address: _____

Your home phone number: _____ Your email address: _____

Primary Care Physician:

Name: _____ Phone: _____

Preferred hospital: _____

Please note any allergies to medication, foods, insects, etc.

Please note any special medical conditions and any medication you routinely take.

In case of emergency please contact:

(1st choice) Name: _____

Relationship? _____

Daytime phone: _____ Evening phone: _____

(2nd choice) Name: _____

Relationship? _____

Daytime phone: _____ Evening phone: _____