

# **Volunteer Manual**

## **West Jefferson Hills School District**



# Thank You!

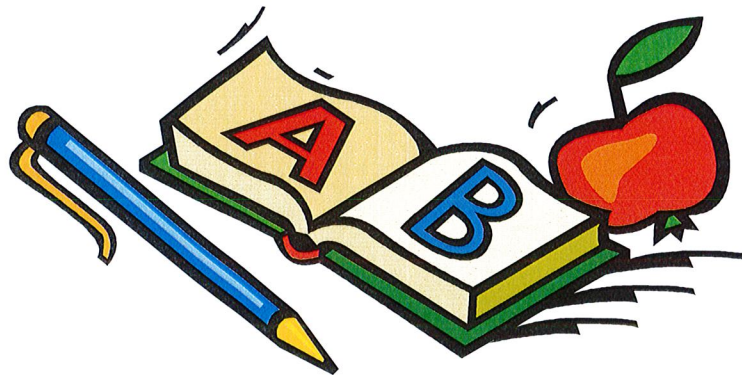
Thank you for taking time to share your gifts and talents with the students of the West Jefferson Hills School District. By volunteering, you join the faculty, staff and administration in supporting our students as they grow and develop. While helping our students, we strive to ensure the time you spend volunteering will be one you enjoy. Volunteers:

- ✓ Provide programs to enrich student learning.
- ✓ Serve as an extra pair of hands to help our teachers when needed.
- ✓ Undertake important roles to support programs such as operating concession stands at many events.
- ✓ Care for the most important people in any school - our students.

This booklet is designed to help our volunteers to acquire the clearances necessary to ensure a safe environment for our students.

*Date Created: November 2015*

*Reference Source: Elizabethtown School District Volunteer Manual (2012)*



# VOLUNTEER GUIDELINES

A volunteer is any individual who performs a service for the West Jefferson Hills School District without compensation, remuneration, or other consideration and who otherwise meets the requirements of this policy. A volunteer need not be a parent of a student enrolled in the District.

A student of the West Jefferson Hills School District who provides volunteer assistance in support of a curricular, co-curricular, or extra-curricular activity is not considered a volunteer and does not require clearances unless he/she is involved in child-care service or responsible for the welfare of children.

## General Information

In order to ensure the safety of all students in the West Jefferson Hills School District, volunteers working directly with students are required to provide clearances prior to volunteering. School volunteer clearances are required by both the School Code and the Child Protective Services Law of Pennsylvania.

The Pennsylvania Criminal History Record Check and Pennsylvania Child Abuse History Clearance are available to volunteers at no cost. The FBI Background Check can be completed either through completion of an affidavit if a Pennsylvania resident for the last 10 consecutive years or through FBI fingerprinting which will cost volunteers \$27.00.

The instructions to acquire each clearance are provided beginning on page 6.

## Definitions

***Volunteer:*** “An adult applying for or holding an unpaid position as a volunteer with a child-care service, a school or a program, activity or service, as a person responsible for the child’s welfare or have direct volunteer contact with children.” (Child Protective Services Law, 23 Pa.C.S. § 6344.2) A school volunteer is someone who has regular interaction with students, has the opportunity to be alone with students, may be responsible for students’ welfare or may have direct volunteer contact with students, as defined under the law. Examples of this type of volunteer include, but are not limited to homeroom parents, classroom party helpers, field trip chaperones, athletic volunteers, and band chaperones.

***Direct Volunteer Contact:*** “The care, supervision, guidance or control of children and routine interaction with children” (Child Protective Services Law, 23 Pa.C.S. § 6303)

***Visitor:*** A guest who visits the school and who operates under the supervision of a West Jefferson Hills School District employee for a single event or one of limited duration. Examples of this type of visitor or guest include, but are not limited to speakers, presenters, and classroom readers.

## INSTRUCTIONS FOR COMPLETING REQUIRED CLEARANCES

### 1. Request for Criminal History Record Check

#### IF USING PAPER APPLICATION (See Page 9)

- ✓ Type or print clearly and neatly in black or blue ink.
- ✓ Requestor Name is name of subject to be checked (your name goes here).
- ✓ Address must be your current address.
- ✓ Phone number must be your current phone number.
- ✓ **Check the first box: "Individual/Non-criminal justice agency"**
- ✓ Complete "Name/Subject of Record Check" area (print your name here).
- ✓ Complete "Maiden name/and or Aliases" area, Social Security Number, Date of Birth, Sex and Race areas.
- ✓ **Check the "VOLUNTEER" box.**

The clearance will be mailed to you via U.S. mail anywhere from 2-4 weeks directly from the PA State Police Dept. When you receive the clearance, please take it to the building administrator for copying and filing.

#### **IF USING ONLINE APPLICATION: <https://epatch.state.pa.us>**

- ✓ Log onto <https://epatch.state.pa.us>, then click on Record Check, then click New Record Check.
- ✓ Follow directions on website for applying.
- ✓ Remember to select "Volunteer" as the purpose for the clearance.
- ✓ Print certification form.
- ✓ Please bring the original to the building administrator for copying and filing.

## 2. Pennsylvania Child Abuse History Clearance

### IF USING PAPER APPLICATION (See Page 10)

*(Document can be accessed at [www.dhs.state.pa.us](http://www.dhs.state.pa.us))*

- ✓ Type or print clearly and neatly in black or blue ink Section I only.
- ✓ Address must be Applicant's current home address.
- ✓ **Check the "Volunteers" block.** You will need to include a copy of your background check with the form.
- ✓ All information must be completed in full. (*The form asks for all previous names, permanent addresses, and household members since 1975*). This information must be provided to the best of your knowledge and belief. If necessary, attach additional pages.
- ✓ Application must be signed and dated.
- ✓ Application should be placed in a business-sized or larger envelope and mailed to:  
Childline and Abuse Registry, Department of Human Services, PO Box 8170,  
Harrisburg, PA 17105-8170.

The clearance will be mailed to you via U.S. mail anywhere from 2-4 weeks directly from the PA Department of Human Services. When you receive the clearance, please take it to the building administrator for copying and filing.

### IF USING ONLINE APPLICATION: <https://www.compass.state.pa.us/CWIS>

- ✓ Log onto <https://www.compass.state.pa.us/CWIS>
- ✓ Click on CREATE INDIVIDUAL ACCOUNT
- ✓ Follow the steps to create a Keystone ID.
- ✓ Once you receive your Keystone ID, return to <https://www.compass.state.pa.us/CWIS> and click on INDIVIDUAL LOGIN.
- ✓ After logging into the site, follow the directions to complete the application.
- ✓ Remember to select "Volunteer" as the purpose for the clearance.
- ✓ When you are notified that your application is complete, please print out a copy.
- ✓ Please bring the original to the building administrator for copying and filing.

### **3. FBI Fingerprint Background Check Instructions:**

#### **IF USING AFFIDAVIT (See Page 12)**

*(Only those have resided in Pennsylvania for the last 10 consecutive years may complete)*

- ✓ Affidavit is available on page 12
- ✓ Complete the affidavit and return.

#### **IF ACQUIRING CLEARANCE**

Please click on the following link to view the step-by-step instructions created for obtaining the FBI Fingerprint Clearance:

<http://www.wjhsd.net/Downloads/FBI%20FINGERPRINT%20DIRECTIONS%2012-2017.pdf>

**FAILURE TO COMPLY WITH ALL OF THE ABOVE CLEARANCE INSTRUCTIONS WILL CAUSE CONSIDERABLE DELAY.**



# PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION

Type or print clearly in ink. If obtaining this certification for non-volunteer purposes or if, as a volunteer having contact with children, you have obtained a certification free of charge within the previous 57 months, enclose an \$8.00 money order or check payable to the PENNSYLVANIA DEPARTMENT OF HUMAN SERVICES or a payment authorization code provided by your organization. **DO NOT send cash.**

Certifications for the purpose of "volunteer having contact with children" may be obtained free of charge once every 57 months.

Send to CHILDLINE AND ABUSE REGISTRY, PA DEPARTMENT OF HUMAN SERVICES, P.O. BOX 8170 HARRISBURG, PA 17105-8170.

**APPLICATIONS THAT ARE INCOMPLETE, ILLEGIBLE OR RECEIVED WITHOUT THE CORRECT FEE WILL BE RETURNED UNPROCESSED. IF YOU HAVE QUESTIONS CALL 717-783-6211, OR (TOLL FREE) 1-877-371-5422.**

## PURPOSE OF CERTIFICATION (Check one box only)

<input type="checkbox"/> Foster parent <input type="checkbox"/> Prospective adoptive parent <input type="checkbox"/> Employee of child care services <input type="checkbox"/> School employee governed by the Public School Code <input type="checkbox"/> School employee not governed by the Public School Code <input type="checkbox"/> Self-employed provider of child-care services in a family child-care home <input type="checkbox"/> An individual 14 years of age or older applying for or holding a paid position as an employee <input type="checkbox"/> An individual seeking to provide child-care services under contract with a child care facility or program <input type="checkbox"/> An individual 18 years or older who resides in the home of a foster parent, licensed child-care home, family living home, community home for individuals with an intellectual disability, or host home for children for at least 30 days in a calendar year <input type="checkbox"/> An individual 18 years or older who resides in the home of a prospective adoptive parent for at least 30 days in a calendar year	<input type="checkbox"/> Volunteer having contact with children <b>If purpose is volunteer having contact with children, choose SUB PURPOSE:</b> <input type="checkbox"/> Big Brother/Big Sister and/or affiliate <input type="checkbox"/> Domestic violence shelter and/or affiliate <input type="checkbox"/> Rape crisis center and/or affiliate <input type="checkbox"/> Other: _____ <input type="checkbox"/> PA Department of Human Services Employment & Training Program participant (signature required below)
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SIGNATURE OF OIM/CAO REPRESENTATIVE

OIM/CAO PHONE NUMBER

AGENCY/ORGANIZATION NAME:

PAYMENT AUTHORIZATION CODE, IF APPLICABLE:

Consent/Release of Information Authorization form is attached. Applicant must fill in the "Other Address" sections. By completing the other address sections, you are agreeing that the organization will have access to the status and outcome of your certification application.

## APPLICANT DEMOGRAPHIC INFORMATION (DO NOT USE INITIALS)

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
SOCIAL SECURITY NUMBER	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not reported	DATE OF BIRTH (MM/DD/YYYY)	AGE

Disclosure of your Social Security number is voluntary. It is sought under 23 Pa.C.S. §§ 6336(a)(1) (relating to information in statewide database), 6344 (relating to employees having contact with children, adoptive and foster parents), 6344.1 (relating to information relating to certified or licensed child-care home residents), and 6344.2 (relating to volunteers having contact with children). The department will use your Social Security number to search the statewide database to determine whether you are listed as the perpetrator in an indicated or founded report of child abuse.

HOME ADDRESS	MAILING ADDRESS (if different from home address)	OTHER ADDRESS (if Consent/Release of Information Authorization form is attached)
ADDRESS LINE 1	ADDRESS LINE 1	ADDRESS LINE 1
ADDRESS LINE 2	ADDRESS LINE 2	ADDRESS LINE 2
CITY	CITY	CITY
COUNTY	COUNTY	COUNTY
STATE/REGION/PROVINCE	STATE/REGION/PROVINCE	STATE/REGION/PROVINCE
ZIP/POSTAL CODE	ZIP/POSTAL CODE	ZIP/POSTAL CODE
COUNTRY	COUNTRY	COUNTRY
<input type="checkbox"/> Different mailing address	ATTENTION	ATTENTION

## CONTACT INFORMATION

HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	MOBILE TELEPHONE NUMBER
EMAIL (By submitting an email contact, you are agreeing to ChildLine contacting you at this address.)		



# PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION

PREVIOUS NAMES USED SINCE 1975 (Include maiden name, nickname and aliases.)			
First	Middle	Last	Suffix
1.			
2.			
3.			
4.			
5.			

PREVIOUS ADDRESSES SINCE 1975 (Please list all addresses since 1975, partial address acceptable; attach additional pages if necessary.)
1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

HOUSEHOLD MEMBERS (Please list everyone who lived with you at any time since 1975 to present. Please include parent, guardian or the person(s) who raised you; attach additional pages as necessary.)			
Name (First, Middle, Last)	Relationship	Present Age	Gender
1.	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> person(s) who raised you		
2.	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> person(s) who raised you		
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

I affirm that the above information is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (Section 4904 of the Pennsylvania Crimes Code). If I selected volunteer, I understand that I can only use the certificate for volunteer purposes.

APPLICANT'S SIGNATURE DATE

CHILDLINE USE ONLY		
DATE RECEIVED BY CHILDLINE	SUFFICIENT PAYMENT INFORMATION RECEIVED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> VALID PAYMENT AUTHORIZATION CODE <input type="checkbox"/> WAIVED (supervisor initials) _____	CERTIFICATION ID #

**DISCLOSURE STATEMENT APPLICATION FOR VOLUNTEERS**  
**Required by the Child Protective Service Law**  
**23 Pa. C.S. Section 6344.2 (relating to volunteers having contact with children)**

I swear/affirm that I am seeking a volunteer position and **AM NOT** required to obtain a clearance through the Federal Bureau of Investigation, as:

- the position I am applying for is unpaid; **and**
- I have been a resident of Pennsylvania during the entirety of the previous ten-year period.

I swear/affirm that I have not been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

I swear/affirm that I have not been convicted of any of the following crimes under Title 18 of the Pennsylvania consolidated statutes or of offenses similar in nature to those crimes under the laws or former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

Chapter 25 (relating to criminal homicide)  
Section 2702 (relating to aggravated assault)  
Section 2709 (relating to stalking)  
Section 2901 (relating to kidnapping)  
Section 2902 (relating to unlawful restraint)  
Section 3121 (relating to rape)  
Section 3122.1 (relating to statutory sexual assault)  
Section 3123 (relating to involuntary deviate sexual intercourse)  
Section 3124.1 (relating to sexual assault)  
Section 3125 (relating to aggravated indecent assault)  
Section 3126 (relating to indecent assault)  
Section 3127 (relating to indecent exposure)  
Section 4302 (relating to incest)  
Section 4303 (relating to concealing death of child)  
Section 4304 (relating to endangering welfare of children)  
Section 4305 (relating to dealing in infant children)  
Section 5902(b) (relating to prostitution and related offenses)  
Section 5903(c) (d) (relating to obscene and other sexual material and performances)  
Section 6301 (relating to corruption of minors)  
Section 6312 (relating to sexual abuse of children), or an equivalent crime under  
Federal law or the law of another state.

I have not been convicted of a felony offense under Act 64-1972 (relating to the controlled substance, drug device and cosmetic act) committed within the past five years.

I understand that I shall not be approved for service if I am named as a perpetrator of a founded report of child abuse within the past five (5) years or have been convicted of any of the crimes listed above or of offenses similar in nature to those crimes under the laws or former laws of the United States or one

of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

I understand that if I am arrested for or convicted of an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law as listed above, or am named as perpetrator in a founded or indicated report, I must provide the administrator or designee with written notice not later than 72 hours after the arrest, conviction or notification that I have been listed as a perpetrator in the Statewide database.

I understand that if the person responsible for employment decisions or the administrator of a program, activity or service has a reasonable belief that I was arrested or convicted for an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law, or was named as perpetrator in a founded or indicated report, or I have provided notice as required under this section, the person responsible for employment decisions or administrator of a program, activity or service shall immediately require me to submit current clearances obtained through the Department of Human Services, the Pennsylvania State Police, and the Federal Bureau of Investigation, as appropriate. The cost of clearances shall be borne by the employing entity or program, activity or service.

I understand that if I willfully fail to disclose information required above, I commit a misdemeanor of the third degree and shall be subject to discipline up to and including denial of a volunteer position.

I understand that the person responsible for employment decisions or the administrator of a program, activity or service is required to maintain a copy of my clearances.

I hereby swear/affirm that the information as set forth above is true and correct. I understand that false swearing is a misdemeanor pursuant to Section 4903 of the Crimes Code.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Witness: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# VOLUNTEER REGISTRATION FORM



Name: \_\_\_\_\_

Address:

\_\_\_\_\_  
\_\_\_\_\_

Phone: (day) \_\_\_\_\_ (eve) \_\_\_\_\_

E-mail address: \_\_\_\_\_@\_\_\_\_\_

Are you a parent of a current West Jefferson Hills School District student? \_\_\_\_\_

Student's name: \_\_\_\_\_ School: \_\_\_\_\_

Student's name: \_\_\_\_\_ School: \_\_\_\_\_

Student's name: \_\_\_\_\_ School: \_\_\_\_\_

Are you a West Jefferson Hills School District employee: \_\_\_\_\_

Position: \_\_\_\_\_

Do you hold current child abuse and state police clearances that are within 12 months old?  
\_\_\_\_\_ **(New Volunteers Only)**

Do you hold a current FBI clearance (if required) that is within 12 months old? \_\_\_\_\_  
**(New Volunteers who have not resided in Pennsylvania for 10 consecutive years)**

Have you applied for these clearances? \_\_\_\_\_



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## PURPOSE OF CERTIFICATION (Check one box only)

- |   |  |
|---|--|
| <input type="checkbox"/> Foster parent<br><input type="checkbox"/> Prospective adoptive parent<br><input type="checkbox"/> Employee of child care services<br><input type="checkbox"/> School employee governed by the Public School Code<br><input type="checkbox"/> School employee not governed by the Public School Code<br><input type="checkbox"/> Self-employed provider of child-care services in a family child-care home<br><input type="checkbox"/> An individual 14 years of age or older applying for or holding a paid position as an employee with a program, activity, or service<br><input type="checkbox"/> An individual seeking to provide child-care services under contract with a child care facility or program<br><input type="checkbox"/> An individual 18 years or older who resides in the home of a foster parent for children for at least 30 days in a calendar year<br><input type="checkbox"/> An individual 18 years or older who resides in the home of a certified or licensed child-care provider for at least 30 days in a calendar year<br><input type="checkbox"/> An individual 18 years or older, excluding individuals receiving services, who resides in a family living home, community home for individuals with an intellectual disability, or host home for children for at least 30 days in a calendar year<br><input type="checkbox"/> An individual 18 years or older who resides in the home of a prospective adoptive parent for at least 30 days in a calendar year | <input type="checkbox"/> Volunteer having direct volunteer contact with children<br><b>If purpose is volunteer having direct volunteer contact with children, choose SUB PURPOSE:</b><br><input type="checkbox"/> Big Brother/Big Sister and/or affiliate<br><input type="checkbox"/> Domestic violence shelter and/or affiliate<br><input type="checkbox"/> Rape crisis center and/or affiliate<br><input type="checkbox"/> Other: _____<br><input type="checkbox"/> PA Department of Human Services Employment & Training Program participant (signature required below) |
|---|--|

\_\_\_\_\_  
SIGNATURE OF OIM/CAO REPRESENTATIVE

\_\_\_\_\_  
OIM/CAO PHONE NUMBER

AGENCY/ORGANIZATION NAME:

PAYMENT AUTHORIZATION CODE, IF APPLICABLE:

- Consent/Release of Information Authorization form is attached. Applicant must fill in the "Other Address" sections. By completing the other address sections, you are agreeing that the organization will have access to the status and outcome of your certification application.

## APPLICANT DEMOGRAPHIC INFORMATION (DO NOT USE INITIALS)

FIRST NAME	MIDDLE NAME	LAST NAME	SUFFIX
SOCIAL SECURITY NUMBER	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Not reported	DATE OF BIRTH (MM/DD/YYYY)	AGE

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ADDRESS LINE 1	ADDRESS LINE 1	ADDRESS LINE 1
ADDRESS LINE 2	ADDRESS LINE 2	ADDRESS LINE 2
CITY	CITY	CITY
COUNTY	COUNTY	COUNTY
STATE/REGION/PROVINCE	STATE/REGION/PROVINCE	STATE/REGION/PROVINCE
ZIP/POSTAL CODE	ZIP/POSTAL CODE	ZIP/POSTAL CODE
COUNTRY	COUNTRY	COUNTRY
<input type="checkbox"/> Different mailing address	ATTENTION	ATTENTION

## CONTACT INFORMATION

HOME TELEPHONE NUMBER	WORK TELEPHONE NUMBER	MOBILE TELEPHONE NUMBER
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EMAIL (By submitting an email contact, you are agreeing to ChildLine contacting you at this address.)

# PENNSYLVANIA CHILD ABUSE HISTORY CERTIFICATION

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4.			
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HOUSEHOLD MEMBERS (Please list everyone who lived with you at any time since 1975 to present. Please include parent, guardian or the person(s) who raised you; attach additional pages as necessary.)				
Name (First, Middle, Last)	Relationship	Present Age	Gender	
1.	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> person(s) who raised you			
2.	<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> person(s) who raised you			
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I affirm that the above information is accurate and complete to the best of my knowledge and belief and submitted as true and correct under penalty of law (Section 4904 of the Pennsylvania Crimes Code). If I selected volunteer, I understand that I can only use the certificate for volunteer purposes.

APPLICANT'S SIGNATURE
DATE

CHILDLINE USE ONLY		
DATE RECEIVED BY CHILDLINE	SUFFICIENT PAYMENT INFORMATION RECEIVED <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> VALID PAYMENT AUTHORIZATION CODE <input type="checkbox"/> WAIVED (supervisor initials) _____	CERTIFICATION ID #

# VOLUNTEER EMERGENCY INFORMATION

Name: \_\_\_\_\_

Bldg/Dept: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Birthdate: \_\_\_\_\_ Physician: \_\_\_\_\_

Dr.'s Phone: \_\_\_\_\_

Health Problems/Allergies/Medications/Etc. we should know about:

\_\_\_\_\_

\_\_\_\_\_

Person to Call in Emergency: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact Phone: 1. \_\_\_\_\_ 2. \_\_\_\_\_

Hospital Choice: \_\_\_\_\_ Ambulance Choice: \_\_\_\_\_

*In the event that I need emergency treatment requiring ambulance service and/or medical care you have my permission to seek help as listed above or the nearest MD/DO or ambulance/hospital available. I will assume responsibility for fees incurred by such an emergency. My medical insurance, if applicable \_\_\_\_\_ (medical insurance carrier)*