

NEW ORLEANS FOOD & FARM NETWORK
Emergency Contacts



Date of Volunteer Event:
Event Site:
Volunteer Group:

Volunteer Name: _____

1. Emergency Contact Name:

Relationship: _____

Phone 1: _____ **Cell** **Home** **Wk.** **Other** _____

2. Emergency Contact Name:

Relationship: _____

Phone 2: _____ **Cell** **Home** **Wk.** **Other** _____

Allergies/Medical Conditions/Medications (not required):

I, (print name) _____ state the above information is true to the best of my knowledge, and understand that it will be used to inform medical personnel that may attend to me. I understand that all information will be kept confidential unless an accident/injury occurs, and then only released to parties that may need information to serve medical purposes. Emergency contacts will be contacted if I request the staff of the New Orleans Food & Farm Network to do so, or if I am unable to during an accident/emergency situation.

Signed: _____

Date: _____