

**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 The Woodlands Hospital 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 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**. This completed form will be due to Volunteer Services prior to the assigned orientation date. If it is not received by this date, an alternate will be placed in your position.