



Westfield Volunteer Rescue Squad

Celebrating Over 70 Years of Service

Emergency Contact Information Sheet

Instructions: Please complete this form accurately. This information will be kept confidential and used only in case of an emergency.

Volunteer Information

- Full Name: _____
 - Date of Birth: _____
 - Address: _____
 - City, State, Zip: _____
 - Phone Number: _____
 - Email: _____
 - Blood Type (if known): _____
 - Known Allergies/Medical Conditions: _____
 - Medications (if applicable): _____
 - Primary Physician Name & Contact: _____
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Emergency Contacts

Primary Emergency Contact:

- Name: _____
- Relationship: _____
- Phone Number: _____
- Alternate Phone Number: _____

Secondary Emergency Contact:

- Name: _____
 - Relationship: _____
 - Phone Number: _____
 - Alternate Phone Number: _____
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Consent & Acknowledgment

I confirm that the information provided above is accurate to the best of my knowledge. I authorize the Westfield Volunteer Rescue Squad to contact the individuals listed above in case of an emergency.

Volunteer Signature: _____

Date: _____

For Squad Use Only

- **Date Received:** _____
- **Reviewed by (Squad Officer):** _____
- **Notes:** _____