Dungannon Development Commission, Inc.
Post Office Box 174, Dungannon, Virginia 24245-0174
Phone: (276) 467-2306 or (276) 467-2665 Fax: (276) 467-2665
E-mail: Dungannon_DDC@hotmail.com Web Site: www.ddcinc.org

Medical Information and Release From

(**PLEASE PRINT ALL INFORMATION**)

To be filled out by all Dungannon Development Commission, Inc. HELP volunteers who will be volunteering during the time he or she will be in Virginia. Youth leaders should plan to bring all completed forms to the work camp.

Organization's Name:____

1 Volunteers' Name:______________________ Date of Birth:____________
Address:______________________________ State:______________
City:_________________________________ Zip:______________
Telephone: (_______) ______________________
E-mail:____

2 Mother's Occupation:______________________________________
Mother's Employer Name: ____________________________________
Employer Telephone: (_______) ______________ Hours: ________to ________

3 Farther's Occupation:______________________________________
Farther's Employer Name: ____________________________________
Employer Telephone: (_______) ______________ Hours: ________to ________

4 Alternative contact person in the event of an emergency:
Name:__________________________ Relationship: ______________
Telephone: (_______) ______________________

5 Family Doctor:______________________ Date of last tetanus shot:________
Telephone: (_______) ______________________

6 Current Medication:____
____

7 Medication Allergies: ______________________________________
____

8 Other Allergies: ____

9 Special Medical Concerns *(use other side if necessary)*:______________________
____

10 I hear by give my permission for ______________________ to be treated by competent medical personnel for injuries incurred as a result of accident or medical emergency while involved in Dungannon Development Commission, Inc.'s Project HELP program.
Date:______________ Signature ___________________________
Relation to youth:_____________________