



# Episcopal Diocese of Louisiana

The Right Rev. Charles Jenkins, Bishop

## Office of Disaster Response

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## VOLUNTEER MEDICAL INFORMATION

I understand and acknowledge that in the event of an emergency it is the responsibility of my team leader to consent to and obtain necessary medical treatment on my behalf if I am unable to act and that the Episcopal Diocese of Louisiana is not responsible for obtaining or consenting to any medical treatment on my behalf. I further hold harmless the Episcopal Diocese of Louisiana from any liability for acting or failing to act in obtaining or consenting to any such medical treatment.

**(PLEASE PRINT):**

**Name** \_\_\_\_\_  
(first) (middle) (last)

**Address** \_\_\_\_\_  
(street)

\_\_\_\_\_  
(city) (state) (zip)

**EMERGENCY CONTACTS:**

**Name:** \_\_\_\_\_  
(first) (middle) (last)

**Phone:** \_\_\_\_\_  
**(with area code)** (day) (evening)

**Name:** \_\_\_\_\_  
(first) (middle) (last)

**Phone:** \_\_\_\_\_  
**(with area code)** (day) (evening)

**YOUR PHYSICIAN:**

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

**Phone:** \_\_\_\_\_  
**(with area code)**

**MEDICAL CONDITION:**

List any medical conditions you have (asthma, diabetes, epilepsy, etc.):

\_\_\_\_\_

List any allergies or allergic reactions to medications:

\_\_\_\_\_

List any medications you are currently taking:

\_\_\_\_\_

Date of your most recent Tetanus shot: \_\_\_\_\_

Other pertinent medical information: \_\_\_\_\_

\_\_\_\_\_

**MEDICAL INSURANCE: Good idea to bring your insurance cards or copies!!**

Company \_\_\_\_\_ Policy No. \_\_\_\_\_

**FOR YOUR PROTECTION, PLEASE KEEP A COPY OF THIS FORM WITH YOUR TEAM AT ALL TIMES.**

**It is not necessary to return this form to the Office of Disaster Response**