



THE ASHEVILLE JEWISH COMMUNITY CENTER
Emergency Information on CITs/Volunteers

Name _____

Address _____

Physician Name _____ Phone: _____

Hospital Preference _____ Phone: _____

Dentist _____ Phone: _____

To avoid any adverse drug reaction during an emergency, please list medications you are taking:

Allergies:

Blood Type (if known) _____

List Operations/Hospitalizations within the past year _____

List Chronic medical conditions requiring a doctor's care _____

Emergency Contact Information:

Name _____ Relationship _____

Address _____

Home Phone _____ Business (or Cell) Phone: _____

Name _____ Relationship _____

Address _____

Home Phone _____ Business (or Cell) Phone: _____