**Volunteer Health & Emergency Contact form**

This does not need to be completed before every session. It should be held securely in a folder and available on the day so that the group organiser can access in case of an emergency.

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| **Volunteer Health and emergency contact form** | | | | |
| Name |  | | | |
| Contact number |  | | | |
| Email address |  | | | |
|  | | | | |
| Emergency Contact name |  | | | |
| Number |  | | | |
|  | | | | |
| Do you have any medical issues that will be affected by activities completed on behalf of South Wiltshire Paths Group? | | | | |
| No | |  | Yes |  |
| *If you answered yes to the above could you make the Volunteer Coordinator aware of what activities will affect you and any details we need to know if an emergency situation where to arise.* | | | | |
|  | | | | |
| *I declare that I have given [insert local footpath group] all the information needed on my medical information and emergency contact.*  *Signed by the volunteer……………………………………………………………………..Date……………………………………….*  *Signed by the Volunteer Coordinator………………………………………………..Date……………………………………….* | | | | |