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VOLUNTEER EMERGENCY INFORMATION Senior Tax Reduction Incentive Volunteer Exchange Program (CONFIDENTIAL FILE)

Name: Birthdate: Phone: Address: State: Zip: City: Physician: Physician Phone: Hospital: **EMERGENCY CONTACTS:** (*Please include cell phone numbers*) Spouse/Nearest of Kin: Phone: Alternative Phone: Friend/Neighbor: Alternative Phone: Phone: Known Medical Conditions/Medications: Allergies: Special Instructions: Signature: Date: