



GoServ Global EMERGENCY CONTACT INFORMATION

Please fill in all sections of this form.

It will help us if you type your answers or print carefully in black/blue ink.

Husbands and wives must complete separate forms.

1. Personal Details

Please attach a copy of your passport and photograph of yourself.

Last Name _____

First Name _____

2. Emergency Contact

For all applicants **(someone other than your spouse if married and not someone traveling with you)**

Name _____

Address _____

Post/Zip code _____

Home Phone _____

Cell number _____

E-Mail _____

Relationship to you _____

3. CONSENT FOR TREATMENT- AN EMERGENCY PROVISION

In the event that I am unable to sign a consent form due to incapacity, I hereby give my consent for any treatment/medical intervention deemed necessary by the attending health care professionals. While GoServ Global will make every effort to contact my next of kin/emergency contacts, there may be situations where this is not possible. I, therefore, give permission for GoServ Global to act in my best interest.

I recognize that in an emergency situation it is standard operating procedure to always act in the interest of preserving life.

Health Insurance Company _____ Group # _____ ID# _____

Holder Name _____ Health Insurance Phone Number _____

No Insurance _____

None [] _____

Allergies or medical conditions.

None [] _____

Medications being taken or have been taken in the past month.

None [] _____

Food restrictions.

Signature _____ Date _____

Print Name _____

Signature of Parent (if volunteer is a minor) _____ Date _____

Parent's Printed Name (if volunteer is a minor) _____