Sandgate Conservation Society Volunteer Emergency Contact

Your Name:	Your Address:
Email:	
Mobile:	Postcode:
Telephone:	Date form completed/updated:
GP name:	
GP Surgery Name:	Telephone:
GP Surgery Address:	
Emergency Contact(s)	
Name:	Relationship:
Address:	
Telephone:	Mobile:
Name:	Relationship:
Address:	
Telephone:	Mobile:
Important Medical Details (Allergies, existing conditions, medication etc.)	

Completion of this form is optional. If you do not complete this form you should ensure that you have your own emergency contact arrangements in place (e.g. ICE on your smart phone). Please be aware, however, that your emergency contact details need to be accessible in outdoor conditions by people who may not be familiar with your smartphone model.

Please provide, as a minimum, your name and an emergency contact name and means of contacting them. Additionally providing your address and/or your GP details may help medical professionals access your Summary Care Record.

This information will be retained on paper (it may be copied to provide a backup) and only used by the Society for the stated intention. It may be given to a medical professional to assist with your care.

You may ask for your record and any copies to be destroyed at any time. The Society will also destroy your record, and any copies, if it appears that you have stopped volunteering with us. If you believe your record may have been destroyed please ask for this to be checked.

If any details become out of date please update your form or complete a new one.