



IMPORTANT:

If you are planning on volunteering at Holland Hill, in the school or on field trips, please fill this form ASAP & **return to the PTA mailbox** through your child's backpack.

VOLUNTEER EMERGENCY INFORMATION

The following information will only be used in the **event of a medical emergency while you are volunteering.**

Your first name _____ Your last name _____

Child's first name _____ Child's Last name _____ Classroom (ex: 4L) _____

Tel home _____ Tel work _____ Cell phone _____

Address _____

Your (not your child's) physician's name _____ Tel _____

Please list your allergies _____

Please list your medications _____

Contacts in case of an emergency while you are volunteering

First name _____ Last name _____ Relationship _____

Tel home _____ Tel work _____ Cell phone _____

First name _____ Last name _____ Relationship _____

Tel home _____ Tel work _____ Cell phone _____

I give permission for this information to be given out to emergency medical personnel.

Signature _____

VOLUNTEER CONFIDENTIALITY PLEDGE

As a volunteer at Holland Hill School, I understand my responsibilities to the school community and pledge to be **reliable** and **ensure confidentiality** to our children and their families.

Signature _____

Please check here if you need an extra form for spouse, grandparent, or friend who wishes to volunteer at Holland Hill.