

Emergency Contact Form

PLEASE PRINT ALL DETAILS CLEARLY

Date: _____

Last Name	First Name	Middle Name
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Home Address: _____

City	State	Zip Code	Date of Birth
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Cell Phone: Area Code () Home Telephone: ()

Insurance Information: MSM Other: Insurance member ID:

Please list the people you would like to be notified in case of emergency, including a local contact.

IN CASE OF EMERGENCY CONTACT:

(1) Name & Relationship _____

Street Address	City	State	Zip Code
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Telephone (_____) _____ Daytime Phone # (_____) _____

(2) Name & Relationship _____

Street Address	City	State	Zip Code
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Telephone (_____) _____ Daytime Phone # (_____) _____

Are you allergic to anything? Yes / No _____

If yes, please list all allergies.

Are you taking any medication we should be aware of? Yes / No _____

If yes: Please list all medications we should be aware of:

Do you have any medical/mobility/mental health concerns of which we should be aware? Yes / No _____

If yes, please list medical/mobility/mental health concerns that we should be aware of: _____

The information requested on this card is confidential and for emergency use only. In the event of a medical emergency, this information will be used by authorized emergency personnel. Please be honest when completing all pertinent information.

In the case of emergency, I give permission for my information to be released to emergency personnel. I also agree that any of my emergency contacts listed on this card may be notified in an emergency, as needed.

Signature & Date: _____ **Name:** _____