Dedicated to offering quality life style choices to teens and adults with disabilities.

Emergency Contact and Medical Information

Participant's Name

Date of Birth

M F
Sex

Parent's/Guardian's Name

( ) Home Phone

( ) Work Phone

Address

City, ST ZIP Code

Parent's/Guardian's Name

( ) Home Phone

( ) Work Phone

Address

City, ST ZIP Code

Alternative Emergency Contacts

Primary Emergency Contact

( ) Home Phone

( ) Work Phone

Secondary Emergency Contact

( ) Home Phone

( ) Work Phone

Medical Information

Hospital/Clinic Preference

Physician's Name

Phone Number

Insurance Company

Policy Number

Primary Diagnosis/Special Health Conditions

Current Medications and Dosage

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date