

CONSUMER'S EMERGENCY CONTACT INFORMATION

Consumer's Name: _____ **Birthdate:** _____

Home Address: _____

Parent or Guardian: _____

Telephone Numbers: Home _____ Work _____

Cell Phone _____ E-mail Address: _____

Home Address: _____

Place of Employment: _____

Department: _____

Contact person at work (who usually knows your whereabouts): _____

Phone Number: _____

Coordination of Community Service (CCS) Contact:

Name : _____

Telephone Numbers:

Work _____

Cell Phone _____ E-mail Address: _____

Work Address: _____

Department: _____

Contact person at work (Supervisor): _____

Phone Number: _____

Emergency Contacts (when attempts to reach parents/guardians are not successful and who may pick consumer up)

Name#1: _____

Telephone Numbers: Home/Cell : _____

Work _____

Name#2: _____

Telephone Numbers: HomeCell: _____

Work _____

Person's Authorized to pick consumer up

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

We must have written permission for anyone other than parent/guardian to pick consumer up from the center.

Consumer's Usual Source of Medical Care

Physician's Name: _____ Phone #: _____

Address: _____

Hospital to take child in case of an emergency: _____

Consumer's Health Insurance

Name of Insurance Plan: _____

Certificate Number (or ID) #: _____ Group #: _____

Policy Holder's Name: _____

Special Conditions, Disabilities, Allergies, or Medical Information for Emergency Situations: _____

Parent/Legal Guardian Consent and Agreement for Emergencies

As parent/legal guardian, I give consent to have my child receive first aid by facility staff, and, if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. I agree to review and update this information whenever a change occurs and at least once a year.

Date: _____ Parent/Guardian #1 Signature _____

Date: _____

Parent/Guardian #2 Signature _____

Review Date _____ Parent/Guardian Signature _____

Review Date _____ Parent/Guardian Signature _____