



Praising Hands, LLC

Emergency Contact and Medical Information for a Consumer

M F
Sex

Consumer's Name

Date of Birth

Parent's/Guardian's Name

Parent's/Guardian's Name

()

()

()

()

Home Phone

Work Phone

Home Phone

Work Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

Email Address

Email Address

Alternative Emergency Contacts

Primary Emergency Contact

Secondary Emergency Contact

()

()

()

()

Home Phone

Work Phone

Home Phone

Work Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

Medical Information

Hospital/Clinic Preference

Physician's Name

Phone Number

Insurance Company

Policy Number

Allergies/Special Health Considerations

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