

Emergency Contact and Medical Disclosure Form

Instructions: Please fill out this form completely using block letters. This document is intended to be printed and kept on file for emergency purposes.

1. Personal Information

Full Name:

Date of Birth (MM/DD/YYYY):

Phone Number:

Home Address:

2. Primary Emergency Contact

Contact Name:

Relationship:

Primary Phone:

Alternate Phone:

3. Secondary Emergency Contact

Contact Name:

Relationship:

Primary Phone:

4. Medical Disclosure

Blood Type:

Known Allergies (Food, Drug, Environmental):

Current Medications:

Existing Medical Conditions / Illnesses:

Primary Care Physician Name:

Physician Phone Number:

5. Consent and Authorization

I hereby authorize emergency medical personnel to disclose and share this information with responding medical staff in the event of an emergency.

Printed Name:

Signature (Sign after printing):

Date (MM/DD/YYYY):