

Participant Name: _____ Enrollment Date: _____

Contact Information Sheet

In the event of a medical emergency involving the program participant, 911 will be summoned and the participant will be transported to the closest hospital via ambulance. Adult Day Staff are not able to ride in the ambulance with the participant. It is the caregiver's responsibility to report current contact information so that they can be notified. Two emergency contacts must be listed. Emergency contacts will be called in the order listed below.

Emergency Contact 1: (PLEASE PRINT)

NAME:		RELATIONSHIP:	
HOME ADDRESS:		WORK ADDRESS/PHONE:	
HOME PHONE #:		CELL PHONE #:	
EMAIL:			
Is this person authorized to give consent for emergency medical treatment? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Is this person a court appointed Responsible Party? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Emergency Contact 2: (PLEASE PRINT)

NAME:		RELATIONSHIP:	
HOME ADDRESS:		WORK ADDRESS/PHONE:	
HOME PHONE #:		CELL PHONE #:	
EMAIL:			
Is this person authorized to give consent for emergency medical treatment? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Is this person a court appointed Responsible Party? <input type="checkbox"/> YES <input type="checkbox"/> NO			

The participant's physician/primary care provider will be notified in the event of medical concerns when the emergency contacts cannot be reached.

Physician Contact:

NAME:		Does Inglis have permission to contact physician's office for coordination of care? <input type="checkbox"/> YES <input type="checkbox"/> NO	
OFFICE ADDRESS:		OFFICE PHONE #:	
		OFFICE FAX #:	

Does this participant have a court appointed Responsible Party that is not listed above? Yes No

If Yes, please provide Name/Contact Information:

My signature reflects that the above information is true and I understand the emergency procedures should my loved one need emergency care while attending the Inglis Day Program. I also understand that it is my responsibility to alert the Day Program immediately if the information above changes.

Participant Signature: _____ **Date:** _____

Signature of Responsible Party: _____ **Date:** _____