Mid-Michigan Emmaus Community Medical Emergency Information

Name _____
Address _____
_____
Date of Birth _____
S.S.#_____
Insurance Co. _____
Doctor's Name _____
Phone ( ) _____

Home Phone ( )_____
Emergency Name & Phone No.
Name _____
( )_____
Relationship_____
Insurance # _____

I am taking the following medications or have the following allergies (please include dosages and times for medications and indicate any food or other allergies):_____
_____
_____

In the event I suffer a medical emergency and I am rendered unable to authorize medical treatment for myself while at the "Walk to Emmaus," I hereby authorize "Walk to Emmaus" to call 911 or other medical emergency service on my behalf and/or to transport me to a medical center or hospital. I also authorize any qualified medical person, including but not limited to a paramedic, nurse or physician to provide and perform any and all medical treatment which is necessary for my well-being.

Signature _____ Date _____

MMEF 6/00

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