

Mid-Michigan Emmaus Community Medical Emergency Information

Name _____ Phone (____) _____

Address _____ Date of Birth _____

Emerg Contact _____ Relationship _____ Phone No. _____

Insurance Co. _____ Insurance #'s _____

Doctor's Name _____ Phone (____) _____

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 _____

MME 01/18

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