

Carroll County Commission for Advancement of the Arts

Emergency Contact and Medical Information Chart



Participant's Name _____		Date of Birth _____	M	F	
		Sex _____			
Parent's/Guardian's Name (If Applicant is a Minor) _____		Parent's/Guardian's Name (If Applicant is a Minor) _____			
() _____		() _____			
Home Phone _____	Work Phone _____	Home Phone _____	Work Phone _____		
Address _____		Address _____			
City _____	State _____	ZIP Code _____	City _____	State _____	ZIP Code _____
1 st Emergency Contact Relationship to Participant _____			2 nd Emergency Contact Relationship to Participant _____		

Primary and Secondary Contacts must be legal guardian, parents or have written permission signed by those previously mentioned if participant is under the age of 18, in case of an emergency to sign for treatment or for refusal of treatment, by law in the State of Ohio

Alternative Contacts

Alternate Contact _____		Alternate Contact _____		
() _____		() _____		
Home Phone _____	Work Phone _____	Home Phone _____	Work Phone _____	

Emergency Medical Health Information

Hospital Preference (During an Emergency the Patient Will be Transported to the Closest Appropriate Facility by Ambulance if Needed)

Family Physician's/Pediatrician's Name _____		Phone Number _____
Insurance Company _____		Policy Number _____

Allergies/Special Health Considerations (Please be Specific) – List Allergies and Reactions, Health Problems
Asthma, Allergy and Reaction Which Would Require the Use of an Epi Pen, Food Allergies, Seizures, Bleeding Disorder, etc.

Medications Currently Taking along with Dosage and Diagnosis (Emergency Physicians will need this information)

Signature _____	Parent's/Guardian's if Participant is a Minor _____	Date _____
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In the event of a medical emergency, I hereby grant consent for _____ to the administration of any treatment deemed necessary by a certified/licensed healthcare provider or on-staff medical personnel and if necessary, transport to the closest appropriate facility (hospital). I understand that if time allows, reasonable attempts to call an emergency contact will be made prior to their transport.

Parent's/Guardian's Signature _____	Date _____
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