

**Synapse House**  
**Emergency Information Sheet - Form 1.13.04A**  
*This information is to be kept confidential and updated as necessary*

Date of Completion:	
Name:	
Address:	
City / State / Zip:	
Phone:	
Email Address:	
Date of Birth:	Age:
Name of Legal Guardian or Parent (if applicable or minor)	
Phone:	
Physician's Name/Medical Group:	
Phone:	

Emergency Contacts	Relationship	Phone

<p>Medical &amp; Special Concerns: Diabetes    Seizure    High Blood Pressure    Stroke    Brain Injury  Asthma    Pacemaker    Visual Deficits    Hard of Hearing    Cardiac issues</p> <p>Additional Information:</p> <p>Are you on any type of blood thinners? (i.e. Coumadin, Lovenox, Plavix)</p> <p>Allergies (food or medications):</p>
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**Medical Care Release** – I give consent for necessary, unexpected or emergency medical health and/or hospital services. This document shall be presented to a physician or appropriate hospital representative at such time necessary. I understand that Synapse House will inform my emergency contact listed above immediately to alert them of my condition. If it is possible and will not cause any deterioration or worsening of undue risk or pain, all surgical proceedings shall be at notice to the family or guardian.

\_\_\_\_\_  
Signature or Signature of Legal Guardian/Parent

\_\_\_\_\_  
Date