## Synapse House Form 20.10 - Emergency Information Sheet 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

Medical & Sp	ecial Concerns:	Diabetes	Seizure	High Blood Pressur	re Stroke	Brain Injury Asthma
Pacemaker	Visual Deficits	Hard of I	Hearing	Cardiac issues	PTSD	
Additional Information:						
Are you on any type of blood thinners? (i.e. Coumadin, Lovenox, Plavix)						

Allergies (food or medications):

**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	
FOR OFFICE USE ONLY:	Updated in BI First?	Updated in DF	?? Updated by?	

F20.10 - Emergency Information Sheet– Updated 8/4/2020