

EMERGENCY INFORMATION

LAST NAME	FIRST	MIDDLE
SOCIAL SECURITY NUMBER	E-MAIL ADDRESS	

EMERGENCY CARE INFORMATION: List *TWO LOCAL* relatives, neighbors, or friends to be notified in case of emergency

NAME	RELATIONSHIP	TELEPHONE
ADDRESS	CITY, ZIP	
NAME	RELATIONSHIP	TELEPHONE
ADDRESS	CITY, ZIP	

In case of emergency, I AUTHORIZE THE PASTORAL CENTER TO CALL THE PHYSICIAN LISTED OR ANOTHER IF HE CANNOT BE REACHED AND FOLLOW HIS INSTRUCTIONS.

DOCTOR NAME	TELEPHONE
ADDRESS	CITY, ZIP
CHOICE OF HOSPITAL	

**I AUTHORIZE THE PASTORAL CENTER TO CALL AN AMBULANCE OR PARAMEDICS OR FIRE DEPARTMENT, AND TO FOLLOW THEIR INSTRUCTIONS.
THE PASTORAL CENTER DOES NOT ASSUME ANY RESPONSIBILITY IN THE ABOVE EMERGENCY PROCEDURES USED AND DOES NOT ASSUME PAYMENT FOR THE MEASURES TAKEN.**

EMPLOYEE SIGNATURE	DATE Month Day Year
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