

EMERGENCY INFORMATION SHEET-Form 2:51A
Midwest Brain Injury Clubhouse

Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Telephone: _____
 Date of Birth: _____ Age: _____
 Insurance Information: _____

Emergency Contacts	Relationship	Telephone

Medical History: Traumatic Brain injury Brain Tumor Stroke Seizures High Blood Pressure
Diabetes Other

Medications	Dosage

Allergies (Medication or Food): _____

Safety Concerns: _____

Physician: _____ Telephone: _____

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 the clubhouse will contact my family or guardian immediately to inform them of my condition. If it is possible and will not cause any deterioration or worsening of undue risk or pain, surgical proceedings shall be at notice to the family or guardian.

Signature: _____ Date: _____