EMERGENCY PROCEDURE / CONSENT FOR EMERGENCY TREATMENT

IDENTIFYING INFORMATION

Residents's Name: _____ DOB: _____

Address: _____ Phone: _____

Age: _____ Sex: _____ Race: _____ Religon: _____

MEDICAL INFORMATION

Does Resident have a Living Will / Medical Power of Attorney / Advance Directive? _____

Physician Name: _____ Phone: _____

Hospital Choice: _____

KNOWN Diagnoses:

1) _____ 4) _____

2) _____ 5) _____

3) _____ 6) _____

KNOWN Drug Allergies: _____

_____

FAMILY / RESPONSIBLE PARTY INFORMATION

Responsible Party: _____ Phone: _____

Address: _____

CONSENT FOR EMERGENCY TREATMENT

IN THE EVENT THAT NEITHER FAMILY / RESPONSIBLE PARTY IS AVAILABLE, Corinth Road Personal Care Home and/or its employees are hereby given full authority to seek or administer care/medication for the Resident, named above, and to secure or provide transportation. I AGREE TO ASSUME FULL RESPONSIBILITY FOR ALL EXPENSES incurred in securing prompt medical care.

Signature: _____ Witness: _____