



EMERGENCY MEDICAL PLAN WRITTEN AGREEMENT

While visiting and/or participating Margaret's Place, I hereby authorize the following procedures in case of a medical emergency and take full responsibility for any expenses incurred.

Please:

- Arrange for emergency transportation
- Contact my emergency contact
- Contact personal/attending physician
 - Name: _____
 - Address: _____
 - Phone: _____
 - Fax: _____
- If personal/attending physician is unavailable, I authorize treatment by any physician.

I understand that Margaret's Place will make a reasonable effort to contact my physician and/or emergency contact.

First Emergency Contact	Name: _____	Phone(s): _____
Second Emergency Contact	Name: _____	Phone(s): _____
Third Emergency Contact	Name: _____	Phone(s): _____
Emergency facility of choice:		
Is the Facility (circle one) Urgent Care Hospital		

In case of an emergency I would like for (participant's name) _____ to be transported to my emergency facility of choice by (circle one) **Ambulance /First Emergency Contact**. In the event of a life treating emergency and my First Emergency Contact cannot be contacted I agree for an ambulance to transport me to the nearest hospital.

Printed name of participant/authorized person

Printed name of participant/authorized person

Signature of witness

Date