



## 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**
  - o Name: \_\_\_\_\_
  - o Address: \_\_\_\_\_
  - o Phone: \_\_\_\_\_
  - o Fax: \_\_\_\_\_
- If my 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 contacts in order below.

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

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