

CONSENT FOR AND EMERGENCY CARE INFORMATION

Client Name: _____ Record # _____

Date of Birth: _____ Medicaid # if applicable: _____

In Case of Emergency contact:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: (____) _____ Work #: (____) _____

Consent for Emergency Care

I do hereby consent and give my permission for staff of Mimosa Christian Counseling Center to seek emergency care on my behalf from a hospital or physician. I understand that my preferred physician and hospital may not be used in case of a medical emergency.

Preferred or Primary Physician:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: (____) _____ Work #: (____) _____

Preferred Hospital:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone #: (____) _____ Work #: (____) _____

Individual/Legally Responsible Person's Signature

Date