

Authorization for Emergency Care

In the event of an emergency, I, _____,
give my consent for Tiffany's Adult Day Care to arrange for emergency
transportation. I understand that I am responsible for payment of the
emergency transportation.

I also give my consent for Tiffany's Adult Day Care to send any information
provided to them by myself, my physician, and/or my primary care giver to
any hospital providing care for me as a result of emergencies arising while
participating at Tiffany's Adult Day Care.

If the emergency is such that time is of the essence, I consent to be
transported to the nearest hospital that can deal with my condition.

Otherwise, I would prefer to be transported to _____
_____ Hospital.

Physician's name and phone number:

_____ (____)_____-_____

If you are currently under a Medical Specialist's supervision for any
condition, please list that physician's name and phone number, as well as the
condition:

_____ (____)_____-_____

The condition being treated: _____

Signature of participant: _____ Date: _____

Primary Caregiver's Name (print): _____

Primary Caregiver's Relationship: _____

Primary Caregiver's Signature: _____ Date: _____

Daytime phone # of Primary Caregiver: (____)_____-_____

Emergency Information

Name: _____

Address: _____

Phone number: _____ Male __ Female __

Date of birth: _____ Social Security Number _____

Diagnosis: _____

Allergies: _____

Physician: _____ Phone # _____

If you are currently under a Medical Specialist's supervision for any condition, please give the physician's name, phone #, and condition under treatment:

Specialist: _____ Phone # _____

Condition: _____

Hospital preference: _____

Emergency Contacts

First Contact Name: _____

Relationship: _____

Address: _____

Home Phone # _____ Work Phone # _____

Second Contact Name: _____

Relationship: _____

Home Phone # _____ Work Phone # _____

Third Contact Name: _____

Relationship: _____

Home Phone # _____ Work Phone # _____

Financial Responsibility:

Signature: _____ Date: _____