

Form A. Emergency Contact and Medical Information Form

Resident name: _____ Date of birth: _____

Phone: _____ Date completed: _____

Emergency contacts

Contact 1: _____ Relationship: _____

Phone: _____ Address: _____

Contact 2: _____ Relationship: _____

Phone: _____ Address: _____

Physician or clinic

Name: _____ Phone: _____

Preferred hospital: _____

Medical conditions (list all current conditions, including mental health conditions):

Allergies (medications, foods, other):

Current medications. List every medication you take, prescription and over the counter. Under the Medication Policy (RR-P04), every medication must be disclosed to and approved by the House Manager before it enters the house.

Medication	Dosage and schedule	Prescriber	HM approval (initials)

If I have a medical emergency, I authorize TD Transitional Services LLC to call 911, to give emergency medical responders the information on this form, and to notify the emergency contacts listed above.

Resident signature: _____ Date: _____

House Manager, for TD Transitional Services LLC: _____ Date:
