Emergency Contact Information

Date: _____

Patient Name: _____

Date of Birth: _____

Emergency Contact Details

Name of Emergency Contact: _____

Relationship to Patient: _____

Contact Number: _____

Alternate Contact Number: _____

Medical Information

Primary Physician: _____

Physician's Phone Number: _____

Allergies: _____

Current Medications: _____

Consent

I hereby authorize the urgent care facility to contact the emergency contact listed above in case of an emergency.

Patient Signature: _____

Date: _____