



Emergency Treatment Consent

In case of illness or injury, individuals attending Companion Day Services must have emergency contacts on file and be under the care of a primary physician. The emergency contact person(s) may be any person who can take responsibility for the participant, or is an activated agent under a POA for Healthcare or Guardianship.

Please provide at least two emergency contact persons.

Companion Day Service staff will attempt to contact the person(s) listed on this form if the participant becomes ill or needs medical attention while at CDS . In an emergency situation, the Marshfield Ambulance Service will be called first and the contact person second. Contact persons will be called in the order listed below until someone is reached.

It is possible that CDS staff may not be able to reach any of the contact persons. Signing this form gives permission to Companion Day Services to exercise judgment in seeking needed medical attention and gives consent for pertinent medical and background information deemed necessary for competent emergency treatment to be given to the emergency squad and/or hospital personnel.

Participant's Name: _____

Participant's Primary Physician: _____ Physician's Phone _____
Address: _____

Emergency Contacts	Relationship	Home Phone	Work Phone	Other
1) _____ Address: _____	_____	_____	_____	_____
2) _____ Address: _____	_____	_____	_____	_____
3) _____ Address: _____	_____	_____	_____	_____

Code Status: _____ Full Code (Resuscitation) _____ DNR (Do Not Resuscitate)

Insurance Information

Insurance Company: _____
Policy Number: _____
Group Number: _____
Medicare Number: _____
Medicaid Number: _____

I/we understand and accept the emergency contact process as outlined.

Participant's Signature

Date

Guardian's/Responsible Party's Signature (if applicable)

Date

Note: If the participant becomes ill while at CDS and uses public transportation or is transported by a volunteer, the family member or contact person may be asked to come to CDS and accompany the participant if other arrangements cannot be made.