

# RELEASE FOR EMERGENCY MEDICAL CARE

I, \_\_\_\_\_, *(Participant's Name)*, give permission for Ivy Tech Community College to seek medical attention if I am unable to communicate.

**In case of emergency please notify:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**If previous person is unavailable, notify:**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please list any pertinent medical information below, i.e., allergies, chronic diseases, etc. If Not Applicable please note N/A.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Witness Signature \_\_\_\_\_

Date \_\_\_\_\_

