

Name: _____

In case of an emergency, medical or otherwise, Monument Crisis Center has asked that you provide two emergency contacts. In an emergency, Monument Crisis Center will follow emergency procedures by dialing 911. By providing emergency contacts we will be able to contact your emergency contact in case you are not able to speak on your own behalf in an emergency situation.

In Case of emergency (next of kin):

First Name: _____ Last Name: _____

Phone(s): _____ Address: _____

City: _____ State/Zip Code: _____ Country: _____

Relationship to you: _____

First Name: _____ Last Name: _____

Phone(s): _____ Address: _____

City: _____ State/Zip Code: _____ Country: _____

Relationship to you: _____

Please check the box below if you do not wish to provide an emergency contact and you are aware of MCC's emergency procedure mentioned above.

 I do not wish to provide an emergency contact.

Please list any members of your household that have medical insurance, along with their insurance provider (if known):

- | | | | |
|----------|-------|-----------|-------|
| 1. _____ | _____ | 6. _____ | _____ |
| 2. _____ | _____ | 7. _____ | _____ |
| 3. _____ | _____ | 8. _____ | _____ |
| 4. _____ | _____ | 9. _____ | _____ |
| 5. _____ | _____ | 10. _____ | _____ |

No one in the household has medical insurance.

Does anyone in the household have any medical conditions that you would like the Monument Crisis Center staff to know? If yes, please explain.

Does anyone in the household have any allergies that are relevant to being at the center? If yes, please explain.

Does anyone in the house take any medication that we should know of?

Signature: _____ Date: _____