

# Emergency Health Information for Adults

Full Name of Participant: \_\_\_\_\_  
Home Phone (\_\_\_\_\_) \_\_\_\_\_  
Cell Phone (\_\_\_\_\_) \_\_\_\_\_  
Work Phone (\_\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_

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## **Emergency Contacts**

Name _____	Name _____
Relationship _____	Relationship _____
Home Phone (_____) _____	Home Phone (_____) _____
Cell Phone (_____) _____	Cell Phone (_____) _____
Work Phone (_____) _____	Work Phone (_____) _____
Email _____	Email _____

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**Please provide all information in relation to your care that would be useful to those in charge. Also indicate any activities to be encouraged or restricted.** \_\_\_\_\_

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The above information is correct to the best of my knowledge. **I hereby authorize Walk to Heal Children, to order emergency X-rays, anesthetic, medical or surgical diagnosis or treatment and hospital care as deemed advisable by a licensed physician. It is understood that every reasonable effort will be made to contact the person noted above before taking this action. I understand that this permission is given in advance of need for any diagnosis, treatment, or hospitalization.** This authorization shall remain effective until the end of the event.

I agree to inform the coordinators of Walk to Heal Children of any charges in the above information.

Date \_\_\_\_\_ Signature of adult \_\_\_\_\_