

Oxford Houses of Kansas

Emergency Medical Information Release Form

This form is to be used for emergency medical use *only*:

Name: _____ Age: _____

Date of Birth: _____ Blood Type: _____

Primary Physician: _____ Phone # _____

Hospital or Clinic: _____

Insurance: _____

Allergies: _____

Medications: _____

Medical History (major surgeries, contracted diseases, hereditary health problems, etc...):

In Case of Medical Emergency Contact:

1) Name: _____ Phone: _____

2) Name: _____ Phone: _____

3) Name: _____ Phone: _____

I hereby give my consent for emergency medical treatment:

Signature: _____ Date: _____