

ALASKA FAMILY SERVICES
Behavioral Health Treatment Center

CLIENT MEDICAL RELEASE/ EMERGENCY INFORMATION FORM

For Your Safety, the following information will be kept in a secure area, accessible only to staff members, while you are attending group.

All information must be current in case of emergency. Please complete the following:

I, _____, hereby give my consent to be given emergency medical treatment in the event of an accident, injury or illness.

I hereby release the Alaska Family Services and its representatives from any liability rising from an emergency situation in which it is deemed necessary to pursue medical treatment.

In case of an emergency, Alaska Family Services may contact:

1. _____
Name/Relationship Phone #

2. _____
Name/Relationship Phone #

Drug Allergies: _____

Medications: _____

Other medical conditions: _____

Insurance Information or Medicaid number: _____

By signing below I authorize disclosure of the above information to appropriate emergency personnel

Signature/date