

Emergency Contact and Medical Information

Person's Name		Date of Birth	Sex
Parent's/Guardian's Name		Parent's/Guardian's Name	
Home Phone	Work Phone	Home Phone	Work Phone
Cell Phone		Cell Phone	
Address		Address	

Alternative Emergency Contacts

Primary Emergency Contact		Secondary Emergency Contact	
Home Phone	Work Phone	Home Phone	Work Phone
Cell Phone		Cell Phone	
Address		Address	

Medical Information

Medications:

Allergies:

Health Conditions:

PRADER-WILLI SYNDROME – SEE MEDICAL ALERT HANDBOOK

AT A GLANCE:

Hospital/Clinic Preference	
Physician's Name / Pediatrician	Phone Number
Physician's Name / Endocrinologist	Phone Number
Physician's Name / Psychiatrist	Phone Number
Dentist's Name	Phone Number

***IN CASE OF A MEDICAL EMERGENCY PRADER-WILLI SYNDROME
ASSOCIATION (USA) MAY BE CONTACTED AT 1-800-926-4797
(Between the hours of 9 am to 5 pm eastern)
OR www.pwsausa.org FOR MEDICAL INFO**

Insurance Information

Primary Insurance Company

Card Number/Date

Subscriber ID/Group Number

Secondary Insurance Company

Card Number/Date

Subscriber ID/Group Number

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for the person listed and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date

PLACE SCANS OF INSURANCE CARDS BELOW (FRONT AND BACKS)