eoctech.edu
EASTERN OKLAHOMA COUNTY TECHNOLOGY CENTER
ADULT DAY SERVICES
4601 N CHOCTAW RD, CHOCTAW, OK 73020 • 405.390.4400

EMERGENCY CONTACT INFORMATION

____
Date

Participant Name: ____
Last First M

Participant SSN: ______________________________ Participants D.O.B:_________________________

Participant Address: ____

Caregiver/Guardian Name & Address: ____

Care Giver/Guardian Phone: ______________________________

Primary Physician Name: _______________________________________ Phone: _____________

Hospital Preference: ____

Medical Diagnosis: ____

Allergies: ____

In Case of Emergency Notify:

____
Name/Relationship Work Phone Home Phone Pager/Cell Phone

____ ________________________
Name/Relationship Work Phone Home Phone Pager/Cell Phone

Insurance Coverage:

Medicare: ___________Medicaid: ___________ Supplement: ___________Other _____________

Are any of the following in effect? If so, please provide a copy for our records.
Power of Attorney: Yes/No Legal Guardianship: Yes/No
Living Will: Yes/No DNR: Yes/No

IN CASE OF A MEDICAL EMERGENCY I AUTHORIZE THE ADULT DAY CENTER TO SECURE AND OBTAIN PROPER MEDICAL TREATMENT ON MY BEHALF. IF IN NEED OF AN EMERGENCY VEHICLE, I GIVE THE ADC PERMISSION TO USE MIDWEST CITY HOSPITAL AMBULANCE SERVICE.

PARTICIPANT/CAREGIVER SIGNATURE: ____