MARY A. RACKHAM INSTITUTE
UNIVERSITY CENTER FOR LANGUAGE AND LITERACY
UNIVERSITY OF MICHIGAN

Emergency Medical Release

Should an accident or illness occur, it may be necessary to provide for local emergency medical service for clients participating in any language and literacy services or the University of Michigan Aphasia Program (UMAP). Please indicate your permission for such treatment by completing and signing the form below.

In case of emergency, the Center is authorized to contact the consulting physician at University Health Service, the University of Michigan Health System's Emergency Services, and/or my personal physician. If it should be necessary for an ambulance to be obtained, I will assume payment of such a bill.

Client Signature: _____ Date: _____

Parent/Legal Guardian: _____ Date: _____

Physician Information:

_____

Name of Physician: Office Phone:

_____

Address: City, State, & Zip:

In case of an emergency, please contact:

_____

Name of Caregiver or family member:

_____

Address: City, State, & Zip:

_____

Home Phone: Work Phone: Cell Phone:

Revised 5/15/17