

*Lakeview Regional Medical Center  
Rehabilitation and Sports Medicine Department  
985-867-4054 phone*

## **Emergency Contact/Release of Child Consent**

Please list 3 contacts, including yourself, to contact in the event of an Emergency:

<b>Name</b>	<b>Relationship</b>	<b>Phone</b>

Please list anyone who will be picking up your child from therapy:

<b>Name</b>	<b>Relationship</b>	<b>Phone</b>

**\*\*\* The person picking up the child will need to present his/her picture ID\*\*\***

\_\_\_\_\_  
Patient or Guardian Signature

\_\_\_\_\_  
Date