

*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:

Name	Relationship	Phone

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

Name	Relationship	Phone

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

Patient or Guardian Signature

Date