

**Emergency Release Form**  
(Non- Custodial Medical/Contact)

In case of emergency, I \_\_\_\_\_ hereby do authorize Unity Family Services to obtain emergency medical treatment for myself if necessary. I authorize Unity Family Services to contact my emergency contacts if deems necessary. I assume all risk and responsibility from which may arise from acts or omissions by the following emergency contacts listed.

Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Medical insurance information: \_\_\_\_\_

Allergies/Current Medications: \_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Non-Custodial \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to Non-Custodial: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_