Dynamic THERAPIES
Occupational Therapy
Physical Therapy
Speech Therapy

50 E. Foothill Blvd., Ste. 100
Arcadia, CA 91006
p. 626.445.2400
f. 626.445.2419

PATIENT EMERGENCY FORM

PATIENT'S INFORMATION

Last Name	First Name	Middle Name	Today's Date
			/ /
Parent/Guardian's Last Name	Parent/Guardian's First Name	Relationship	
Parent/Guardian's Last Name	Parent/Guardian's First Name	Relationship	

PERSON TO CONTACT IN CASE OF AN EMERGENCY

Last Name	First Name	Relationship to Patient		
Address		City	State	Zip
Home Telephone #	Cell or Other Telephone #			

SECONDARY PERSON TO CONTACT IN CASE OF AN EMERGENCY

Last Name	First Name	Relationship to Patient		
Address		City	State	Zip
Home Telephone #	Cell or Other Telephone #			

I authorize Dynamic Therapies, Inc. to contact any of the above mentioned persons in the case of an emergency, disaster or if I am not reachable. If necessary, I authorize Dynamic Therapies, Inc. to release my child to any of the above mentioned persons.

_____ _____

Patient or Patient's Parent/Guardian's Signature Date