

Windsong Ranch / Wings of Eagles

Client Information Sheet

(Information shall be kept PRIVATE & CONFIDENTIAL)

Name: _____

Date of Birth: ____/____/____ SSN: ____-____-____

Driver's License No: _____ State: _____

Medical Information in Case of Emergency

Allergies: Yes _____ No _____ (If answered yes please list)

Are you currently taking any medications: Yes _____ No _____

(If so please list names of medications & dosages) _____

Is there any medical condition we should be aware of? (Please list any surgeries and their dates) _____

Do you have Medical Insurance? Yes _____ No _____ (If so please provide information - and a copy of your card)

Name of Provider _____

Exp Date _____ Phone Number _____

Do you have Medicaid? Yes _____ No _____ (If so please provide copy)

Emergency Contact Information:

Name of nearest relative: _____

Address: _____

Phone Number(s): _____

Please provide 2 other contacts In Case of Emergency:

Name: _____

Address: _____

Phone Number(s): _____

Name: _____

Address: _____

Phone Number(s): _____

Please provide Sponsor Information:

Name: _____

Address: _____

Phone Number(s): _____

In Case of Emergency I hereby authorize Windsong Ranch permission to seek medical aid in the event I am unable to give consent (this shall be at no cost to Windsong Ranch).

Signature: _____ Date: _____

**The above information shall be used only In Case of Emergency*