

**EMERGENCY INFORMATION FOR**  
**NEW VISION**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No.: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

**In case of Emergency please Contact the following:**

|                     |                     |
|---------------------|---------------------|
| Name: _____         | Name: _____         |
| Address: _____      | Address: _____      |
| Phone No.: _____    | Phone No.: _____    |
| Cell Phone: _____   | Cell Phone: _____   |
| Relationship: _____ | Relationship: _____ |

**If all reasonable attempts to reach my contacts are unsuccessful, New Vision may Obtain Necessary medical treatment from the most accessible licensed physician, Dentist, or hospital, if unable to contact the following:**

Preferred Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Preferred Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_  
Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

**Do you have any Allergies?**

Date: \_\_\_\_\_ Your/Guardian Signature: \_\_\_\_\_