**MINDFULNESS-BASED STRESS REDUCTION**

**Authorization for Emergency Medical Treatment**

**Your Name** (*please print legibly) ……*....................................................................................

**Emergency Contact Person** - *In case of emergency, the following person should be contacted\*:*

Name (*please print legibly*) ...........................................................................................................................................

Relationship ........................................................................................................................................................................

Daytime Phone ............................................................. Evening Phone .....................................................................

E-mail ........................................................................................

*\* The emergency contact person should be someone who can either collect you from the MBSR course or help to make transportation arrangements.*

*\* To participate in MBSR, I need to have your emergency contact person’s name and contact details.*

**Prescription Medication Information**

I ask for this information so that, in the event of an emergency, we can give this form to Emergency Medical Services personnel on your behalf. Only I will see this information and unless needed in an emergency situation, it will be kept entirely confidential.

Are you allergic to any medications? If so, please list:

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Please list your current medications and the conditions being treated.

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