



Lamar University Speech & Hearing Clinic

Identification and Emergency Information:

Client's Name: _____

Date of birth: _____

Address: _____

Mother: _____

Employment: _____ Work Phone: _____

Home Phone: _____

Cell Phone: _____

Father: _____

Employment: _____ Work Phone: _____

Home Phone: _____

Cell Phone: _____

Other Emergency Contact:

Name: _____ Phone: _____

Client's Physician: _____

Emergency Hospital preference: _____

Authorized to pick up client: _____

Authorized to pick up client: _____

Authorized to pick up client: _____