



## EMERGENCY INFORMATION, CARE, AND TRANSIT RELEASE

I give my permission for PAN Homehealth Support Services to secure medical care for myself in the event of an emergency. In the event of a medical emergency, I further give my permission for PAN Homehealth Support Services to provide transit for myself to and from an emergency medical care provider. Additionally, I give my permission for PAN Homehealth Support Services to share any of my relevant background and medical information with emergency medical care providers to ensure proper treatment.

I have been given assistance in understanding this document.

\_\_\_\_\_  
Individual's Name/Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Legal Guardian's Signature (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date