Emergency Drug Release Form

1. Patient Information

- **Full Name:** _____
- **Date of Birth:** _____
- **Address:** _____
- **Physician Name:** _____

2. Drug Details

- **Name of Drug:** _____
- **Dosage:** _____
- **Frequency:** _____

3. Emergency Contact

- **Contact Name:** _____
- **Relationship:** _____
- **Phone Number:** _____

4. Consent and Authorization

☐ **I authorize the release of the medication as specified above during an emergency.**

☐ **I have disclosed all relevant medical conditions.**

5. Additional Notes

- **Specific Instructions:** _____

6. Signature Section

- **Patient/Guardian Signature:** _____ **Date:** _____