

WINSi
WESTERN INSTITUTE FOR NEURODEVELOPMENTAL STUDIES
AND INTERVENTIONS
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Boulder, CO 80302
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Email: jaloia@winsi.net

Emergency Contact Information

Patient Name: _____ **DOB:** _____

Emergency Contacts:

1. Name _____ **Relationship:** _____

Phones: Home: _____ Work: _____

Cell: _____ Fax: _____ Other: _____

Email 1: _____ Email 2: _____

2. Name _____ **Relationship:** _____

Phones: Home: _____ Work: _____

Cell: _____ Fax: _____ Other: _____

Email 1: _____ Email 2: _____

Physician's Name and Number: _____

In the event of an emergency, your child will be transported to Foothills Hospital at 4747 Arapahoe Road in Boulder (720-854-7600) and you will be notified immediately.

Signature of Parent/Guardian _____ Date: _____

Please print name: Mr./Mrs./Ms./Dr. _____