

Member Emergency Contact Information

Unit # _____

Name: _____

In the event of a medical or property (i.e. - fire) emergency, it is important that we have an emergency contact for our members, on file in the Office. It is recommended that you also keep a copy of this information in a visible location within your unit, for Emergency personnel to find quickly.

1. The emergency contact data will only be disclosed in emergency situations to appropriate 3rd parties, e.g., ambulance, fire and/or police services, in your immediate health or safety interests.
2. You should notify the individual(s) you have named above that you have provided us with this information, and we will hold this information on file whilst you are a member.
3. It is your responsibility to notify the Office as soon as possible should any of your contact details change.

Occupants:

Name	Adult (age)	Child (age)	Work Phone #	Cell Phone #	Work or School Name

Contact if you Cannot be Reached:

Name	Home Phone	Work Phone	Cell Phone	Relationship

Optional Information:

Physician Name/Phone Number:

List any other health information that emergency responders would need to know - (known health conditions, medications, allergies, etc.) by household member.

Name

Information

SIGNATURE: _____

DATE: _____