

Emanuel UCC Emergency Information Form

Full Name: _____ Birth date: / /

NOTIFY IN CASE OF EMERGENCY:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

ALTERNATE CONTACT IN CASE OF EMERGENCY:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

MEDICAL:

Name of Physician: _____ Phone: _____

Choice of Hospital: _____

Medical Information: (medications/allergies/diabetes/epilepsy, etc.)

Signature

Date

It is our intent to keep this information confidential and use this information for emergency situations. Providing this information is voluntary. Please inform us if there are any updates as to keep your information current.

(Please return to the church office or place in secretary's mailbox.)