

Sample Emergency Contact Information Form

This form can be adapted as necessary for your building or organization.

Please print clearly. If you need more room, write on additional paper and attach.

1. Building _____ Apt: _____ Townhouse _____
2. Full names in your home. Check and/or complete appropriate boxes.

Do you have car or van to help? _____

NAME	CHILD	SENIOR	SPECIAL NEEDS	PHONE (H)	PHONE (W)	CELL	EMAIL

3. Emergency numbers of close friend or relative inside & outside of [your building]

NAME	PHONE(S)	ADDRESS/EMAIL	WILL THEY CARE FOR YOUR PETS?	DO THEY HAVE YOUR KEYS?	PET MINDER (IF NONE OF PRECEDING)

4. Special Needs: (List doctors for all family members. If no special health condition, write "none")

NAME	CRITICAL MEDICATIONS	HEALTH CONDITION	DOCTOR'S NAME	PHONE(S)

5. Home/Child care attendants. Crucial! List names and phones of Attendant and/or agency.

Children	Adults

Volunteers: We would like to identify tenants who would assist in emergencies, and their skills and abilities. Non-medical skills are also important for this list.

Medical/Health: _____
 Red Cross-trained: _____
 Any skill, ability, or career (even an electrician or engineer can be important): _____