

UUCWNC EMERGENCY CONTACT FORM

(Please fill out and return to Rev. Alyssa's box in the hall closet - will be kept in the minister's office)

CONGREGANT INFORMATION

Full Name:

Physical Address:

Phone Number(s):

HEALTHCARE POWER OF ATTORNEY

Name:

Phone Number(s):

Email:

Are they local?

Yes

No

PRIMARY EMERGENCY CONTACT

Full Name/Relationship:

Phone Number(s):

Has a key to your home?

Yes

No

Email:

SECONDARY EMERGENCY CONTACT

Full Name/Relationship:

Phone Number(s):

Has a key to your home?

Yes

No

Email:

DEPENDENTS AND PETS IN THE HOME

Name of Dependent(s) and Birth Year(s)

Name/Number of who to contact:

Name/type of pet(s) and Birth Year(s):

Name/Number of who to contact:

Any additional information helpful in an emergency? Please write on back of form.

CONGREGANT'S CONSENT

I, _____, confirm that the information provided is accurate and give consent for the above people to be contacted in case of emergency.

Signature

Date