

WESTMINSTER PRESBYTERIAN CHURCH

# Emergency Contact Information

We will keep this information in a confidential file at church for use only in an emergency. Please keep us apprised of any changes in this information.

Deacon Care Group \_\_\_\_\_ Today's date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Work phone \_\_\_\_\_ Birth date (month/day) \_\_\_\_\_

Email \_\_\_\_\_ Wedding anniversary \_\_\_\_\_

### Emergency contacts:

| NAME  | RELATIONSHIP | PHONE(S) | ADDRESS |
|-------|--------------|----------|---------|
| _____ | _____        | _____    | _____   |
| _____ | _____        | _____    | _____   |
| _____ | _____        | _____    | _____   |
| _____ | _____        | _____    | _____   |

Allergies (food, medicines, environmental) or other health concerns \_\_\_\_\_

\_\_\_\_\_

Physical concerns (walker, hearing aids, other) \_\_\_\_\_

\_\_\_\_\_

It is a good idea to carry a copy of your emergency contact information in your purse or wallet and to post a copy on your refrigerator or other prominent place in your home.