



# Town of Prospect EMERGENCY CONTACT INFORMATION FORM



This information will be extremely important in the event of an accident or medical emergency. Please put this form in a zip-lock bag and place it inside your freezer door. You can also place a second form in your vehicle glovebox, for easy access to Emergency Personnel. Update information every 6 months or as needed.

Please be sure to sign and date this form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI \_\_\_\_\_  
DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Home Address: \_\_\_\_\_

### Primary Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

### Secondary Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Phone Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Preferred Local Hospital: \_\_\_\_\_

Insurance Information: Company: \_\_\_\_\_ Policy#: \_\_\_\_\_

Comments (include any special medical or personal information you would want an emergency care provider to know – or special contact information:

Blood type: \_\_\_\_\_ Religion: \_\_\_\_\_ Dentures: \_\_\_\_\_ Hearing Aids: \_\_\_\_\_  
Identifying Marks: \_\_\_\_\_  
Allergies: \_\_\_\_\_

Past Medical Conditions: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Doctor's Name and Phone Number: \_\_\_\_\_

Any additional Information:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_