



A Division of Senior Services  
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Director  
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**IN CASE OF EMERGENCY and 911 HAS TO BE CALLED  
Please provide the following:**

Hospital of Choice: \_\_\_\_\_

Doctor: \_\_\_\_\_

Doctor's Phone #: \_\_\_\_\_

Allergies: \_\_\_\_\_

Emergency Contact:

Name	Relationship	Phone Number

Comments: \_\_\_\_\_

\_\_\_\_\_

**We will pass this information along to the First Aid Squad.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date