

Sacramento Friends Meeting
CONTACT LIST IN CASE OF EMERGENCY

NAME _____ HOME PHONE _____

ADDRESS _____ CELL PHONE _____

PERSON TO CALL IN CASE OF EMERGENCY _____

HOME PHONE _____ CELL PHONE _____

ADDRESS _____

CITY/STATE _____ ZIP _____

OTHER INFORMATION

CHILDREN (name, address, phone)

1) _____

2) _____

3) _____

PARENTS (name, address, phone)

1) _____

2) _____

NEAREST RELATIVE (name, relationship, address, phone)

1) _____

2) _____

LOCATION OF EXTRA KEY TO YOUR HOME (name, address, phone)

PETS _____

PET SITTER (name, phone) _____

ALLERGIES (including medications) _____

ILLNESS AND/OR MEDICATIONS _____

PHARMACY (name, address, phone)

Attach any additional information you want the Meeting to know.

SIGNATURE _____ DATE _____

SUBMISSION INSTRUCTIONS: Please send this form to the Clerk of the Care Committee or place the form in the folder for the Care Committee found on the countertop in the Meetinghouse Library.