

**EMERGENCY INFORMATION SHEET**

NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

HOSPITAL PREFERENCE \_\_\_\_\_

PHYSICIAN'S NAME & TELEPHONE # \_\_\_\_\_

MEDICATIONS NOW BEING TAKE \_\_\_\_\_

MEDICAL CONDITIONS (INCLUDE ANY ALLERGIES) \_\_\_\_\_

**NOTIFY IN EVENT OF AN EMERGENCY:**

*(Family member, sponsor, or person who would be most able to quickly and capably assist you.)*

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

\_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME PHONE \_\_\_\_\_

\_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

**PLEASE SPECIFY NAMES OF PEOPLE YOU ARE AUTHORIZING THE SHA STAFF TO ALLOW ENTRY INTO YOUR UNIT IN EVENT OF AN EMERGENCY OR DEATH.**

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

PLEASE RECORD BELOW ANY SPECIAL INFORMATION YOU WOULD LIKE KNOWN IN

THE EVENT OF AN EMERGENCY OR DEATH: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I UNDERSTAND, I AM RESPONSIBLE TO NOTIFY THE SHA SHOULD THERE BE ANY CHANGES IN THE ABOVE INFORMATION.

\_\_\_\_\_  
Tenant's Signature

\_\_\_\_\_  
Date