

MEMBER CONTACT SHEET

DUNBAR HEIGHTS UNITED CHURCH

Occasionally, a member of the congregation experiences an emergency and we don't know who to call or how to be most supportive. Would you be willing to share some information with Rev. Michelle, in case of emergency?

If so, then please fill in this form and leave it in an envelope for her in the office, marked "Confidential". Rev. Michelle will only use the information in case of a medical or other emergency, to contact family members, your doctor, close friends, etc, so as to be most helpful and supportive in a time of crisis.

Personal Information:

Name: _____

Date of Birth: _____

Address: _____

Tel: _____

Email: _____

Living Situation:

- I live alone
- I live with my spouse
- I live with a relative/friend: _____
- I live in assisted living or an extended care home

Next of Kin or Emergency Contact Person:

Name: _____

Relationship to you: _____

Telephone:
home: _____

work: _____

cell: _____

Keyholder:

Name: _____

Telephone: _____

Someone who checks in on me regularly:

Name: _____

Telephone: _____

Family Doctor:

I receive assistance at home with:

- Housekeeping
- Food/Meals on Wheels
- Transportation
- Personal Care
- Other: _____

Do you have any medical conditions that you would like us to be aware of?

Is there any other information you'd like us to have?

I give my consent for the ministers of Dunbar Heights United Church to have and keep this information confidential. I understand that it will not be used except in the case of an emergency.

Signed: _____ **Date:** _____