

# ***The Carillon House***

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## **EMERGENCY CONTACT FORM**

The following information will be kept in the Office in a binder that can be accessed in an emergency situation. This form is optional and is being offered as a service to all residents living in The Carillon House. This information will be kept confidential and can be updated or removed at resident's discretion. If you choose to participate in the program, please return this form to the Office. Additional forms are available for multiple residents in a unit.

Unit(s): # \_\_\_\_\_

Name: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Friend / Relative: \_\_\_\_\_ Phone #: \_\_\_\_\_

Carillon Neighbor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Allergies and / or Medical Conditions: \_\_\_\_\_

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