

The Council on Aging and the Police/Fire Department would appreciate it if you could fill out this form and return it to either office. In an emergency, Communications (911) would like to know this information to help you. The information given is strictly confidential.

(Anyone can fill out this form, not just seniors.)

Name: _____

Address: _____

Phone: _____

In an emergency, who do we contact? _____

Phone: _____

Hospital Preference: _____

Medical Information: _____

Do you live alone? _____

Any pets: _____

Any other information you would like emergency personnel to know: _____
