



EMERGENCY CONTACTS

MEMBERS NAME

In case of an emergency please contact either of the following:-

	<p>NAME</p> <p>ADDRESS</p> <p>TELEPHONE</p> <p>MOBILE</p> <p>RELATIONSHIP</p>	
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PLEASE GIVE INFORMATION OF ANY LONG TERM ILLNESSES FROM WHICH YOU SUFFER (E.G. ANGINA, DIABETES, ETC) AND ANY MEDICINES YOU HAVE TO TAKE AND YOUR DOCTOR'S DETAILS (PLEASE ATTACH AN UP TO DATE PRESCRIPTION)

LONG TERM ILLNESSES	MEDICINES	DOCTOR

**PLEASE PLACE THIS NOTICE IN YOUR UNIT (where it can be found)
PREFERABLY BACK OF WARDROBE DOOR OR GLOVE COMPARTMENT**