



## EMERGENCY CONTACTS

**MEMBERS NAME:**

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

|  |              |  |
|--|--------------|--|
|  | NAME         |  |
|  | ADDRESS      |  |
|  |              |  |
|  | TOWN         |  |
|  | POSTCODE     |  |
|  | LANDLINE     |  |
|  | MOBILE       |  |
|  | RELATIONSHIP |  |

**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   |  |
|---------------------|-----------|----------|--|
|                     |           | NAME     |  |
|                     |           | ADDRESS  |  |
|                     |           |          |  |
|                     |           | TOWN     |  |
|                     |           | POSTCODE |  |
|                     |           | PHONE    |  |
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**PLEASE PLACE THIS NOTICE IN YOUR UNIT (where it can be found)  
PREFERABLY BACK OF WARDROBE DOOR OR GLOVE COMPARTMENT**