



**EMERGENCY CONTACT FORM for Members and Adherents of
KAMLOOPS UNITED CHURCH**

Name _____

Personal Contact Information:

Home Address _____

City, Province _____

Home Telephone # _____ Cell # _____

Emergency Contact Information:

(1) Name _____ Relationship _____

Address _____

City, Province _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Employer _____

(2) Name _____ Relationship _____

Address _____

City, Province _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Employer _____

Medical Contact Information:

Doctor's Name _____ Phone # _____

Life-threatening Allergy: _____ Medical Condition: _____

Consent:

I have voluntarily provided the above contact information and authorize the clergy or representatives of Kamloops United Church to contact any of the above on my behalf in the event of an emergency.

Signature _____ Date _____

(This personal information will be kept in a secure place in our church office. Please share with your contacts that you have named them as contacts.)