

EMERGENCY CONTACT DETAILS
ST. AIDAN'S ANGLICAN CHURCH, REMUERA. MARCH 2012

Parishioner's Name:
Address:.....
Phone Number:.....mobile:.....email.....

Emergency Contact(s)

Name:.....Relationship.....
Phone no. (Daytime).....(Evening).....

Name:.....Relationship.....
Phone no. (Daytime).....(Evening).....

How to gain access to your home if required?. (this question is optional).....
.....

G.P.'s name:.....Phone no.....

Any medical condition you want to tell us? (eg. Diabetes)

Name of person who knows where my medication is kept: Name:.....Phone.....

Name of Phamarcist:Phone.....

This information is held in a confidential file to be held at St. Aidan's Church and used only in the event of an emergency.