



In Case of Emergency

Date _____

To help the Minister and Pastoral Care Team respond quickly in the event of a medical or personal emergency, please provide some essential contact information below. This form will be kept in secure UUFA office files for use by the Minister, Pastoral Care Team, or their designate at the time of the emergency. PLEASE PRINT CLEARLY.

Name: (last, first, middle)

Home Address (street, city, zip)

Home and/or Cell Phone

Primary E-mail address

Primary Emergency Contact (name, phone, relationship)

Secondary Emergency Contact (name, phone, relationship)

Optional Information

Primary Physician/s (name, phone, specialty): _____

Medical Conditions to alert Emergency Medical Technicians (allergy, disease, mental health, etc):

Current Medications to alert Emergency Medical Technicians: _____

Other information to share: _____

