



The Towers Emergency Notification Record

This information will be used in the event of an emergency and may be given to hospital personnel upon request. Please complete and return this form to the Towers Administration Office or Reception Desk. One resident per form. Please print legibly.

RESIDENT INFORMATION			
MANOR NUMBER	TELEPHONE NUMBER	TODAY'S DATE	
RESIDENT NAME		LW I.D. NUMBER	
IN CASE OF EMERGENCY NOTIFY			
Emergency Contact(s):			
PRIMARY EMERGENCY CONTACT NAME		RELATIONSHIP	
STREET	CITY	STATE	ZIP
HOME PHONE	WORK PHONE	CELL PHONE	
SECONDARY EMERGENCY CONTACT NAME		RELATIONSHIP	
STREET	CITY	STATE	ZIP
HOME PHONE	WORK PHONE	CELL PHONE	
PET CARE CONTACT NAME		TELEPHONE NUMBER	
SPECIAL PET INFORMATION			