

# Hospital Visitor Emergency Contact Form

Please complete this form upon arrival. This information will be kept on file and used only in the event of an emergency during your visit to the hospital.

## Visitor Information

Visitor's Full Name:

Date of Visit:

Patient's Name (Being Visited):

Patient Room/ Unit Number:

Relationship to Patient:

## Primary Emergency Contact Information

Emergency Contact Full Name:

Relationship to Visitor:

Primary Phone Number:

Secondary Phone Number:

## Secondary Emergency Contact Information (Optional)

Secondary Contact Full Name:

Secondary Contact Phone Number:

## Acknowledgment and Signature

I confirm that the emergency contact details provided above are correct, and I authorize the hospital to contact these individuals in case of an emergency involving myself.

Visitor Signature:

Date: