

Elderly Care Visitor Emergency Contact Form

To ensure the safety and well-being of our residents and visitors, please complete this emergency contact form. This form is for record-keeping and emergency use only.

1. Visitor Information

Full Name:

Relationship to Resident:

Phone Number:

Email Address:

Date of Visit:

2. Resident Information

Resident's Full Name:

Room or Ward Number:

3. Primary Emergency Contact (If different from Visitor)

Contact Person Name:

Relationship to Visitor/Resident:

Primary Phone Number:

Alternative Phone Number:

4. Secondary Emergency Contact

Contact Person Name:

Relationship:

Phone Number:

5. Important Medical Information (Optional)

Please list any critical medical conditions, allergies, or assistance requirements we should be aware of in the event of an emergency during your visit:

6. Declaration and Signature

I confirm that the information provided above is accurate and can be used by the care facility administration in the event of an emergency.

Visitor Signature (Print Name):

Date signed: