

# Tenant Emergency Contact and Medical Information Form

Please complete this form to ensure management has the necessary information in case of an emergency. This information will be kept confidential.

## 1. Tenant Information

Full Name:

Apartment/Unit Number:

Phone Number:

Email Address:

## 2. Primary Emergency Contact

Contact Name:

Relationship to Tenant:

Primary Phone Number:

Alternative Phone Number:

Email Address:

## 3. Secondary Emergency Contact

Contact Name:

Relationship to Tenant:

Primary Phone Number:

Alternative Phone Number:

Email Address:

## 4. Medical Information

Preferred Hospital:

Primary Physician Name:

Physician Phone Number:

Known Allergies (e.g., Penicillin, Latex, Peanuts):

Critical Medical Conditions (e.g., Diabetes, Asthma, Heart Condition):

Current Medications (Optional - for emergency responders):

## 5. Authorization and Signature

In the event of an emergency, I authorize landlord/management to contact the individuals listed above and to share the medical information provided on this form with emergency medical personnel if I am unable to do so.

Tenant Signature (Print Name to Sign):

Date: