

Senior Housing Emergency Contact Template

Please print and complete this form. Place it in a highly visible location, such as on the refrigerator or near the front entry, for emergency responders.

Resident Information

Resident Full Name:

Apartment/Room Number:

Phone Number:

Date of Birth:

Primary Emergency Contact

Full Name:

Relationship to Resident:

Primary Phone Number:

Alternative Phone Number:

Email Address:

Secondary Emergency Contact

Full Name:

Relationship to Resident:

Primary Phone Number:

Alternative Phone Number:

Email Address:

Medical & Physician Information

Primary Care Physician:

Physician Office Phone:

Preferred Hospital:

Known Allergies:

Key Medical Conditions:

Current Medications:

Additional Instructions / Notes

Special Instructions (e.g., location of spare keys, pet care instructions, DNR locations):