

**Caswell Senior Services**  
649 Firetower Road • PO Box 1405  
Yanceyville, NC 27379  
PHONE 336-694-7447 • FAX 336-694-4857

## Emergency Contact Form

### Participant Information

Name (Last, First, Middle) \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number (Home): \_\_\_\_\_

Phone Number (Cell): \_\_\_\_\_

Email address \_\_\_\_\_

*Would you like to receive emails regarding upcoming events at the Senior Center? \_\_ Yes \_\_ No*

Birth date \_\_\_\_\_

### In Case of Emergency (please provide at least one emergency contact):

Primary Contact: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

Phone (Home): \_\_\_\_\_

(Work and/or cell – please indicate): \_\_\_\_\_

Secondary Contact: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

Phone (Home): \_\_\_\_\_

(Work and/or cell – please indicate): \_\_\_\_\_

**Please list any additional information that may be helpful in the event of an emergency (medication(s), medical condition(s), and/or allergies).**

\_\_\_\_\_  
\_\_\_\_\_

**Your Signature**

**Date**

\_\_\_\_\_