

EMERGENCY NOTIFICATION RECORD - LAGUNA WOODS VILLAGE

Please complete and return this form to the Laguna Woods Village Community Center, or mail to:
Laguna Woods Village Security Division, PO Box 2220, Laguna Woods, CA 92654-2220

ONE INDIVIDUAL PER FORM

PLEASE PRINT ALL INFORMATION

Manor # _____ Telephone # _____ RESIDENT I.D. # _____

Resident Name (1 only): _____ Date: _____

NOTE: This information may be given to hospital personnel upon request.

Doctor's Name: _____ Phone # _____

Emergency Contact(s)

Name: _____	Relationship: _____		
Address: _____ / _____ / _____ / _____			
Street Address	City	State	Zip Code
Phone Numbers: _____ / _____ / _____			
Home Phone	Work Phone	Cell Phone	

Name: _____	Relationship: _____		
Address: _____ / _____ / _____ / _____			
Street Address	City	State	Zip Code
Phone Numbers: _____ / _____ / _____			
Home Phone	Work Phone	Cell Phone	

Attorney or Trustee Name: _____ Phone # _____

(Circle one or both)

Pet Care Information: Contact Name: _____ Phone # _____

Special Circumstances (OPTIONAL): You may decide to voluntarily provide this information. If so, please check the conditions that apply to you.

<input type="checkbox"/> TDD: Telephone Device for the Deaf	<input type="checkbox"/> VISION IMPAIRED
<input type="checkbox"/> EMERGENCY RESPONSE DEVICE	<input type="checkbox"/> HEARING IMPAIRED
<input type="checkbox"/> DEMENTIA or Memory problems	<input type="checkbox"/> NON-AMBULATORY
<input type="checkbox"/> LIFE-SUPPORT SYSTEM, including oxygen or dialysis equipment that requires electricity	