



Heritage
Senior Center

This form is not mandatory. However, we feel it is important to have this information available in case of an emergency. Please give the completed form to HSC Staff. These forms will be shredded and discarded at the end of the trip.

EMERGENCY INFORMATION FORM

Name _____

Address _____

Phone _____

Emergency

Contact #1

Contact #2

Name _____

Home Phone _____

Work Phone _____

Cell Phone _____

Family Physician _____

Phone _____

List of Medications/Dose/How Often:

Allergies/Sensitivities: _____

Existing Conditions: _____

Surgeries: _____

I authorize Heritage Sr. Center Staff members to have possession of this information and to release in any given emergency situation.

Name

Date

Our mission is to provide activities for those 60 and older which are designed to overcome loneliness, combat boredom, enhance self-esteem, promote personal growth, and encourage independence through involvement in the community.

3700-4 Davidsburg Rd. Dover, PA 17315 phone 717-292-7471 center.heritage@yahoo.com www.heritagesrcenter.org