

# HIGHLAND SPRINGS COUNTRY CLUB

Emergency Preparedness & Safety Committee

## Resident - Emergency Information

LAST NAME(S) (1) \_\_\_\_\_ (2) \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ LOT NO.: \_\_\_\_\_

### PARTICIPATION ACKNOWLEDGEMENT

*I/We understand that this information is for confidential use only by the Emergency Preparedness Committee. Should an emergency situation occur, information provided on this form may be used. I/We understand that participation in this Emergency program is optional, and we do choose to participate. By signing below, I/WE acknowledge that I/WE choose to participate in this program.*

#### **RESIDENT #1 - INFORMATION**

Full Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Dr.'s Phone: \_\_\_\_\_

Are you a housebound resident: YES NO

Special Needs (Oxygen, Insulin, Wheelchair, etc.): \_\_\_\_\_

Emergency contact OUTSIDE Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

the community: Contact Phone: \_\_\_\_\_ Secondary Phone No.: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **RESIDENT #2 - INFORMATION**

Full Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Are you a housebound resident: YES NO

Special Needs (Oxygen, Insulin, Wheelchair, etc.): \_\_\_\_\_

Emergency contact OUTSIDE Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

the community: Contact Phone: \_\_\_\_\_ Secondary Phone No.: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***(see reverse side)***

### **RESIDENT #3 - INFORMATION**

Full Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Dr.'s Phone: \_\_\_\_\_

Are you a housebound resident:      YES      NO

Special Needs (Oxygen, Insulin, Wheelchair, etc.): \_\_\_\_\_

Emergency contact OUTSIDE      Name: \_\_\_\_\_      Relationship: \_\_\_\_\_

the community:      Contact Phone: \_\_\_\_\_      Secondary Phone No.: \_\_\_\_\_

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

### **PET INFORMATION**

#### ***PET #1***

Pet Type: \_\_\_\_\_ Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Breed: \_\_\_\_\_ Color/Markings: \_\_\_\_\_

Disposition:      Friendly      Aggressive      Not Friendly      Note: \_\_\_\_\_

#### ***PET #2***

Pet Type: \_\_\_\_\_ Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Breed: \_\_\_\_\_ Color/Markings: \_\_\_\_\_

Disposition:      Friendly      Aggressive      Not Friendly      Note: \_\_\_\_\_

#### ***PET #3***

Pet Type: \_\_\_\_\_ Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Breed: \_\_\_\_\_ Color/Markings: \_\_\_\_\_

Disposition:      Friendly      Aggressive      Not Friendly      Note: \_\_\_\_\_

### **PROPERTY ACCESS:**

*In case of an emergency situation, the following neighbor has access to my property:*

Neighbor: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

*When form completed, please contact Rosemarie Peterson of the Emergency Preparedness Committee for pick up at 909-262-3194, or via e-mail at [peterston237@yahoo.com](mailto:peterston237@yahoo.com).*

*Updated:*      1/6/2025