EMERGENCY CONTACT DETAILS IN THE EVENT OF SICKNESS OR ACCIDENT

YOU’RE NAME…………………………………………………………………………………………..

ADDRESS …………………………………………………………………………………………..

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…………………………………………………………………………………………………………………

MOBILE…………………………………………………………………………………………………….

LANDLINE………………………………………………………………………………………………...

WHO TO CONTACT……………………………………………………………………………………

RELATIONSHIP ……………………………………………………………………………………

MOBILE ……………………………………………………………………………………

LANDLINE ……………………………………………………………………………………

Please note this information is kept private and confidential, in the event you have any major illness that you wish to let me know about in the event that you experience a problem, it will help in providing information to any medical personnel that may attend you.