



# EMERGENCY INFORMATION FORM

Information concerning (name):

I/We have made the following arrangements involving the Emergency situations listed below:  
(Please fill out those items that are appropriate. This information is to allow the First Presbyterian Church to offer appropriate support in emergency situations. All information provided will be kept confidential and used ONLY for emergencies.)

## MEDICAL EMERGENCY

Please contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact's Phone No. \_\_\_\_\_

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

Special information / medical concerns: \_\_\_\_\_

I/We  DO  DO NOT have a Living Will

I/We  DO  DO NOT have a Medical Power of Attorney \_\_\_\_\_  
Name Phone

I/We  DO  DO NOT have a Healthcare Surrogate \_\_\_\_\_  
Name Phone

Location of these documents: \_\_\_\_\_

Blank copies of these forms can be found on our website under Resources  
(<http://www.palmbaypres.org/resources.html> )

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**DEATH** (Mine or a Family Member)

Contact who knows arrangements: \_\_\_\_\_

Contact's Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Additional Contact(s) and Phone(s): \_\_\_\_\_

Additional Contact(s) and Phone(s): \_\_\_\_\_



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## NATURAL DISASTER (Hurricane, Flood, Fire, Tornado, etc.)

I/We plan to \_\_\_\_\_

- Go to the home of friends or family. Phone number: \_\_\_\_\_
- Go to a Shelter. My nearest Shelter is \_\_\_\_\_
- Go to a Motel.

My/Our Contact Person is: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Phone No: \_\_\_\_\_

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

I/We  AM/ARE  AM/ARE NOT registered with the Special Needs Registry in Brevard County.

In the event of any emergency, to confirm my location if I/We cannot be reached, please be in touch with:

Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ Home                      \_\_\_\_\_ Cell                      \_\_\_\_\_ Work

## **EMERGENCY ASSISTANCE:**

In the event of a hurricane or other disaster, I/We can provide the following assistance:

- Sheltering evacuees: We can house \_\_\_\_\_ people or \_\_\_\_\_ families
- Pet sitting: \_\_\_\_\_ cat      \_\_\_\_\_ dog
- Clean-up and recovery assistance:
  - Cutting and moving trees/branches
  - Debris Removal
  - Minor repairs
  - Able to wash clothes
  - Cleaning
  - Provide refrigerator space or meals
  - Provide drinking water
  - Provide sleeping bags or blankets
  - Provide personal care products