

Unitarian-Universal Church of Las Cruces

Individual Emergency Data Form (Please complete one form for each member of the household)

Household Name (Please Print) _____

This Person's Household Status: Head of Household Household Adult Dependent

Last Name _____

First Name _____

MI _____

Date of Birth _____

Blood Type: **A** **B** **AB** **O-** **O+**

Essential life supporting prescribed medication that must be administered regularly, its dose and purpose:

(eg.) Nitroglycerin, 10mg., Heart Regulation

Emergency Contact - Name _____

Emergency Contact - Address _____

Emergency Contact – City, State, Zip _____

Contact - Phone _____

Contact's Relationship to Respondent or Person Appearing on the Last Name, First Name, MI Line above _____

Emergency Contact 2 – Name _____

Emergency Contact 2 - Address _____

Contact 2 – City, State, Zip _____

Contact 2 - Phone _____

Primary Physician – Name _____

Primary Physician – Phone _____

Documents on file in Church Office: Living Will Advanced Directive Will

Power of Attorney None of these documents on file with Church