Lake Chapala End-of-Life Care Community

Emergency Information Form 2 - Next of Kin and Emergency Contacts

List the people you want to be notified immediately in case of emergency. Include the following:

- **Neighbors who have a house key**
- **Local people listed on your Advanced Care Directive (or who can make decisions for you)**
- **Family and friends who need to be notified but may not be able to come to help you right away**

Name ______________________________
Street Address ______________________________
City, State, Zip ______________________________
Home Phone ______________ Cell Phone ______________
Email ______________ Relationship ______________

☐ **Check if this person has your house key** ☐ **Check if this person is listed on your Advanced Care Directive**

Name ______________________________
Street Address ______________________________
City, State, Zip ______________________________
Home Phone ______________ Cell Phone ______________
Email ______________ Relationship ______________

☐ **Check if this person has your house key** ☐ **Check if this person is listed on your Advanced Care Directive**

Name ______________________________
Street Address ______________________________
City, State, Zip ______________________________
Home Phone ______________ Cell Phone ______________
Email ______________ Relationship ______________

☐ **Check if this person has your house key** ☐ **Check if this person is listed on your Advanced Care Directive**

Name ______________________________
Street Address ______________________________
City, State, Zip ______________________________
Home Phone ______________ Cell Phone ______________
Email ______________ Relationship ______________

☐ **Check if this person has your house key** ☐ **Check if this person is listed on your Advanced Care Directive**

Name ______________________________
Street Address ______________________________
City, State, Zip ______________________________
Home Phone ______________ Cell Phone ______________
Email ______________ Relationship ______________

☐ **Check if this person has your house key** ☐ **Check if this person is listed on your Advanced Care Directive**

Make copies of this form if you need to add more people.