

SETTLERS RETIREMENT VILLAGES

RESIDENT EMERGENCY INFORMATION DETAILS

Surname		Full Names	
ID Number		eMail	
Telephone (landline)		Cell number	
Unit No:		<i>Settlers Village</i>	<i>Settlers Rest</i>

Medical Information

Medical Aid		Membership No.	
Doctor		Doctor Phone	
Allergies		Blood Type	
May we call an ambulance?	Yes/No	Ambulance Service	
Living Will?	Yes/No	Funeral Policy	Yes/No
Undertaker			Burial/Cremation
Current Medical Conditions			
Current Medication/Treatment			
Operations that are still relevant			
Any other information you wish to share?			

Partner/Spouse

Surname		Full Names	
Phone (Landline)		Cell Number	

Next of kin not living with you

Name		Relationship	
Phone		Cell Number	

Resident's Signature: _____ Date: _____