

[illegible]

Next of Kin/1st Emergency Contact

Name

Address:

.....

Day time telephone

Evening telephone

Mobile

Email address

2nd Emergency Contact (leave blank if same as above)

Name

Address:

.....

Day time telephone

Evening telephone

Mobile

Email address

Please remember to keep and update your medication details in your Emergency Lions bottle as we do not keep this information.



I understand that this information is to be held by Radcliffe Housing Society for the purpose of supporting my health and welfare.

I understand that this information will be shared with Centra Out of Hours alarm call service.

I give my consent to Radcliffe to hold and use this data for the purposes set out above. I understand I can withdraw my consent for you to hold this data.

Signed:

Signed:

Dated: