**KEY SAFE NUMBER** 



## CONFIDENTIAL NEXT OF KIN & EMERGENCY CONTACT DISABILITY/MEDICAL CONDITIONS 2021/2022

First Name:				
Surname:				
Address:				
<b>Details of d</b> i (please indica	i <b>sabilities or l</b> te below)	Medical Co	nditions (if	any)



## **Next of Kin/1st Emergency Contact**

Name	
Address:	
Day time telephone	
Evening telephone	Mobile
Email address	
2nd Emergency Contact (leave bl	ank if same as above)
2nd Emergency Contact (leave bl	ank if same as above)
Name	ank if same as above)
	ank if same as above)
Name	ank if same as above)
Name  Address:  Day time telephone	
Name	Mobile

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.
<b>Signed:</b>
<b>Signed:</b>
Dated: