



# ANGEL CARE HOME COMPANION SERVICES, INC.

## EMERGENCY CONTACT(S)

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Client: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

In case of an emergency, the following people are authorized to be called:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone (2): \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone (2): \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_

Telephone (2): \_\_\_\_\_

Email: \_\_\_\_\_

**PLEASE NOTE:** If it should transpire that an emergency requires immediate medical attention, our staff will call 911 and stay with the client until first responders arrive. Pursuant to applicable NYS Law and HIPAA Regulations, our staff is unable to accompany the client to the hospital.

The above noted emergency contacts will be called and provided with all the available information regarding the emergency situation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date