

FERNWOOD LAKEVIEW RESIDENT: EMERGENCY DATA

Dear Residents:

In order to ensure the well being and life safety of our residents, there is certain emergency information that the Association should have on file. Specifically, for those residents with medical histories who might require special handling and a speedy response. This information will be safeguarded in the Association office. Providing this information is completely voluntary and should be updated as changes occur.

Fill out the information below and fax the form back to our Property Management Office at 305-715-2802.

1. Name: _____

2. Unit Number: _____

3. Home Telephone Number: _____

4. Illness: _____

5. Special Instructions/Allergies: _____

6. Blood Type: _____

7. Medication & Location: _____

8. Doctor(s) Name & Telephone: _____

9. Person(s) to notify in case of Emergency: _____

10. Person(s) Address: _____

11. Person(s) Telephone: _____

12. Location of Special Equipment (Wheelchair, oxygen, etc.): _____

13. Special Instructions: _____