

Emergency Contact Information

Dear [Facility Name] Staff,

This letter serves to provide essential medical emergency contact information for [Resident's Full Name], residing in [Room Number/Unit], as required for senior care facilities.

Resident Information

Name: [Resident's Full Name]

Date of Birth: [DOB]

Medical Conditions: [List of Medical Conditions]

Allergies: [List of Allergies]

Emergency Contacts

Primary Contact:

Name: [Primary Contact Name]

Relationship: [Relationship to Resident]

Phone Number: [Primary Contact Phone Number]

Email: [Primary Contact Email]

Secondary Contact:

Name: [Secondary Contact Name]

Relationship: [Relationship to Resident]

Phone Number: [Secondary Contact Phone Number]

Email: [Secondary Contact Email]

Preferred Medical Provider

Provider Name: [Provider Name]

Phone Number: [Provider Phone Number]

Address: [Provider Address]

Health Insurance Information

Insurance Company: [Insurance Company Name]

Policy Number: [Policy Number]

Thank you for your attention to this important information. Please feel free to reach out to me if you have any questions.

Sincerely,

[Your Name]

[Your Contact Information]