

# Emergency Contact Confirmation

Date: [Insert Date]

[Your Name]

[Your Address]

[City, State, Zip Code]

[Email Address]

[Phone Number]

To Whom It May Concern,

This letter is to confirm that I have updated my emergency contact information with [Hospital Name]. My new emergency contact person is as follows:

Name: [Emergency Contact Name]

Relationship: [Relationship to You]

Phone Number: [Emergency Contact Phone Number]

Address: [Emergency Contact Address]

Please ensure that this information is recorded accurately in your system. Should you have any questions or require further information, feel free to contact me at the phone number or email address listed above.

Thank you for your attention to this matter.

Sincerely,

[Your Name]