

# Emergency Contact List Verification

Date: [Insert Date]

To Whom It May Concern,

As part of our ongoing commitment to ensure the safety and well-being of all participants in our health-related activities, we are conducting a verification of our emergency contact lists.

Please review the following details and verify the accuracy:

## Emergency Contacts:

- Name: [Contact Name 1] - Relationship: [Relationship 1] - Phone Number: [Phone Number 1]
- Name: [Contact Name 2] - Relationship: [Relationship 2] - Phone Number: [Phone Number 2]
- Name: [Contact Name 3] - Relationship: [Relationship 3] - Phone Number: [Phone Number 3]

If any changes are necessary, please respond to this letter by [Insert Deadline]. Your prompt attention to this matter is greatly appreciated.

Thank you for your cooperation.

Sincerely,

[Your Name]

[Your Position]

[Your Organization]