

# Emergency Contact Approval Form

Date: \_\_\_\_\_

To Whom It May Concern,

I, **[Resident's Full Name]**, a resident of **[Retirement Community Name]**, hereby authorize the following individuals to be contacted in case of an emergency:

## Emergency Contacts

1. **Name:** [Contact Name 1]  
**Relationship:** [Relationship]  
**Phone Number:** [Phone Number]
2. **Name:** [Contact Name 2]  
**Relationship:** [Relationship]  
**Phone Number:** [Phone Number]

I confirm that the information provided is accurate, and I grant permission for the retirement community staff to contact these individuals in case of an emergency.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you,

[Resident's Full Name]  
[Resident's Apartment/Unit Number]