

## GLENCOE CARES Emergency Contact Form



| Name:                               |   |  |  |
|-------------------------------------|---|--|--|
|                                     | Cell Phone:                                       |  |  |
| Home Address:                       |   |  |  |
|                                     |   |  |  |
| Emergency Contact #1                |   |  |  |
| Name:                               |   |  |  |
| Relationship:                       | _ Home Phone:                                     |  |  |
| Cell Phone:                         | Work Phone:                                       |  |  |
| Does this person have a key to your | home? • Yes • No                                  |  |  |
| Emergency Contact #2                |   |  |  |
| Name:                               |   |  |  |
| Relationship:                       | _ Home Phone:                                     |  |  |
| Cell Phone:                         | Work Phone:                                       |  |  |
| Does this person have a key to your | home? • Yes • No                                  |  |  |
| Emergency Contact #3                |   |  |  |
| Name:                               |   |  |  |
| Relationship:                       | _ Home Phone:                                     |  |  |
| Cell Phone:                         | Work Phone:                                       |  |  |
| Does this person have a key to your | home? • Yes • No See reverse for more questions • |  |  |

| Additional Comments/Information for Glencoe Public Safety or Family Service of Glencoe Responders: |  |  |  |  |  |  |
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Please remember to contact Emily upon completion of the forms. Accurate records of participating individuals/households allows more effective use of the Glencoe Cares program! emily@familyserviceofglencoe.org / 847.835.5111