

Mak HealthCare Inc

EMERGENCY CONTACT INFORMATION

RECIPIENT NAME _____

In case of emergency, who should we contact:

Name	Relationship	Phone Number
1.		
2.		

Your primary care provider is:

Name	Clinic/medical center	Phone Number
------	-----------------------	--------------

If the PCA finds the recipient unable to help self or unconscious, the PCA should take the following actions:

1. Call 911
2. Call the recipient's emergency contact
3. Call the PCA agency @ 612-987-1120

PCA's signature _____

Recipient's signature _____

Date: _____