

MIDCOAST FRIENDS MEETING
EMERGENCY CONTACT INFORMATION

(To be kept in confidence by the Pastoral Care Committee)

Name _____

Address _____

Telephone & E-mail _____

Date of Birth _____ Blood Type _____

Doctor _____ Phone _____

EMERGENCY CONTACTS (Persons to Contact in Emergency)

Name _____

Relationship _____

Address _____

Phone and E-Mail _____

Name _____

Relationship _____

Address _____

Phone and E-mail _____

**PLEASE RETURN BY SURFACE MAIL (TO KEEP CONFIDENTIALITY)
TO JIM MATLACK, CLERK OF MINISTRY AND COUNSEL AT
5 DUCK POND ROAD, CAMDEN, ME 04843**