**My Emergency Contact List:** 

Organisation:

## Helping you keep track of your team

My name:

## **Reminder:**

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Put this list on your fridge or somewhere where it can be found.

| Relationship/<br>Role            | Name | Phone<br>Number | Contact at<br>time of death?<br>(Y/N) |
|----------------------------------|------|-----------------|---------------------------------------|
| Partner/friend/<br>family member |      |                 |                                       |
| Substitute<br>Decision-maker     |      |                 |                                       |
| Specialist                       |      |                 |                                       |
| General<br>Practitioner (GP)     |      |                 |                                       |
| Nurse                            |      |                 |                                       |
| Pharmacist                       |      |                 |                                       |
| Other                            |      |                 |                                       |