

Kenmure Property Owners Association

Emergency Information Form

This form is used by the guards in case of a medical or fire emergency. Please fill out this **revised** form, even if you already have a form on file. The new form contains additional information that was not on prior forms. When you complete the form, please return it to either the KPOA Office or the Guard House. Of course, all information contained in this form is kept confidential. *Kenmure Services and Kenmure Security*

CONFIDENTIAL - Emergency Information for Kenmure Guard House File
(Please return completed form to KPOA Office - or the Security Gate House)

Resident 1: _____ /____/____
(Name) (Birth date)

Kenmure Address: _____

Phone(s): Land - _____ Cell - _____

Medical Conditions (e.g. pacemaker, diabetes, asthma, specific allergies, etc.)

Doctor Name and Telephone: _____

Resident 2: _____ /____/____
(Name) (Birth date)

Medical Conditions: _____

Doctor Name and Telephone: _____

Is there a list of current medications in the house? ____ If so, where located? _____

Is a house key on file at the Security Gate House? ____

Is there a key with a neighbor (name, telephone)?

Does residence have an alarm? ____ Name, phone for alarm company? _____

Number of Bedrooms in home: Entry Level ____ Upper Level ____ Lower Level ____

Number of Dogs: ____ Cats: ____ Other: _____

Additional Information?

Please list any individuals you authorize KPOA Security to contact in case of an emergency. Providing this information gives permission to the Security Committee members to contact these individuals, when necessary.

1. Name, telephone(s): _____

2. Name, telephone(s): _____

3. Name, telephone(s): _____

(revised July 15, 2016)