Westport Center for
Senior Activities
21 Imperial Avenue • Westport, CT 06880-4302 • 203.341.5099 • 203.341.1187 *fax*

WESTPORT CENTER FOR SENIOR ACTIVITIES

(Please Print and Complete in full)

Today's Date: _____

Last Name: _____ First Name: _____

Address: _____ Apt. Number: _____

City/State/Zip: _____

Phone: _____ Birth date: _____
Month/Day/Year

Cell: _____ Email: _____

EMERGENCY CONTACTS

Local Physician: _____ Phone: _____

Relative/Neighbor/Friend to Contact in Case of Emergency:

1. _____ _____ _____
Name Relationship Phone

_____
Cell

2. _____ _____ _____
Name Relationship Phone

_____
Cell

Please write any additional health issues and medicines you may wish to share with the staff in case of an emergency.

(All information will be kept confidential.)