

**Presbytery of South Louisiana
Pastors and Council Members
Emergency Information Form**

FOR THE FAMILY OF: _____

PRIMARY FAMILY ADDRESS: _____

INDIVIDUAL FAMILY MEMBERS NAMES AND NUMBERS

NAME: _____ CELL #(____) _____ EMAIL _____

NAME: _____ CELL #(____) _____ EMAIL _____

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NAME: _____ CELL #(____) _____ EMAIL _____

NAME: _____ CELL #(____) _____ EMAIL _____

NAME: _____ CELL #(____) _____ EMAIL _____

EVACUATION DESTINATION

EVACUATION/REGROUPING LOCATION: _____

ADDRESS: _____ CITY _____ STATE _____

PHONE NUMBER AT THAT LOCATION: (____) _____

ICE NUMBERS (In case of Emergency)

Program into your cell phone, as ICE -1 and ICE -2 so emergency personnel reading your phone know whom to contact

1st Out-of-area contact #	2nd Out-of-area contact #
Name:	Name:
Address:	Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Email:	Email:

ANY ADDITIONAL INFORMATION YOU WOULD LIKE TO SHARE WITH THE PRESBYTERY STAFF.

