**EMERGENCY CONTACT INFORMATION**

**RECIPIENT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**In case of emergency, who should we contact:**

**Name Relationship Phone Number**

**1.**

**2.**

**Your primary care provider is:**

**Name Clinic/medical center Phone Number**

**If the PCA finds the recipient unable to help self or unconscious, the PCA should take the following actions:**

1. **Call 911**
2. **Call the recipient’s emergency contact**
3. **Call the PCA agency @ 612-259-8026**

**PCA’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Recipient’s signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**