

WE CARE OF MAJESTIC ISLES, INC.

EMERGENCY CONTACT FORM

Filling out this form is voluntary but to do so is for your safety and security. It is NOT a legal document. You do not have to fill out every item, you may leave blank areas. It will be held in complete confidence and used only in case of an emergency.

Name _____ Tele # _____
(please print)

Address _____ Cell # _____

Key holder information

NOTE: At least one key holder should be a resident of Majestic Isles

Key Holder _____ Phone numbers _____

Key Holder _____ Phone numbers _____

Disability or Special Needs

In the event of emergency/health/safety concerns please notify

Florida Contact (name & relationship) _____

Phone numbers _____

Florida Contact (name & relationship) _____

Phone numbers _____

Other contact (name and relationship) _____

Phone numbers _____

Other contact (name and relationship) _____

Phone numbers _____

Comments

I hereby give WE CARE MAJESTIC ISLES, INC. authority to notify any and/or all of the above should it seem advisable due to health and/or safety concerns.

Your Signature _____ Date _____

Please place in a sealed envelope marked WE CARE and return to WE CARE box in rear lobby of clubhouse or give or mail to Fred Oestreicher, 10848 Royal Caribbean, Boynton Beach, FL 33437.