



**The Church of the Good Shepherd**  
 PARISH OF KOTARA SOUTH – DIOCESE OF NEWCASTLE

**EMERGENCY CONTACT FORM**

Name:.....  
 Address.....  
 Suburb.....Postcode.....  
 Telephone.....  
 Mobile.....  
 Medicare Number..... Health Fund .....

<i>ICE</i>	<i>Allergies.....</i>
Name:.....	.....
Telephone.....	.....
	.....

<i>Enduring Guardianship</i>	.....
Name:.....	
Telephone.....	<i>Current Medication...</i>
	.....

<i>Legal Matters</i>	.....
Name:.....	.....
Telephone.....	.....

*Signed:*.....  
*Date:*.....

Please keep a copy of this file for your own records. The parish copy will be lodged in a secure and confidential file. This should be updated immediately in the event of any changes in circumstances.