

*The Beverley of Thornhill City Centre*

**Emergency Assistance Form**

Date: \_\_\_\_\_ Suite : \_\_\_\_\_

Name: \_\_\_\_\_

Owner or Tenant

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Business: \_\_\_\_\_

Emergency Contact: Name: \_\_\_\_\_

Phone No: \_\_\_\_\_ Cell: \_\_\_\_\_

Particulars of any handicap or medical problems concerning yourself or a family member that would require assistance in an emergency situation (i.e difficulty walking).

Name of Person who require assistance: \_\_\_\_\_

Kind of help: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Children Information:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_

**Please note that all information received will be kept confidential and will enable us to be of assistance in the event of an emergency (i.e. fire).**