

Hamilton Senior Center
299 Bay Road, Hamilton Ma. 01982

Date: _____

General Information

Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone#: _____

Email Address: _____

Emergency Contacts

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____

Home#: _____ Cell#: _____ Work #: _____

Email Address: _____

Name: _____ Relationship: _____

Address: _____ City: _____ State: _____

Home#: _____ Cell#: _____ Work#: _____

Are you willing to receive the newsletter via email only? If yes, please provide your email address here:

Health Information
(Optional)

In Case of Emergency - Other Important Medical Information? (allergies; medications; etc.)

For Office use only:

All above information is confidential and will be used for the sole purpose of building a complete database. In the event of an emergency this information may be used to notify contacts and emergency personnel

Date entered: _____

Initials: _____

My Senior #: _____