EMPLOYEE EMERGENCY CONTACT FORM

Name _____

Personal Contact Info:

Home Address_____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Emergency Contact Info:

(1) Name_____ Relationship_____

Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Employer _____

(2) Name_____ Relationship_____

Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Employer _____

Medical Contact Info:

Doctor Name. _____ Phone # _____

Dentist Name _____ Phone # _____

Insurance Provider:_____ID#:_____

Preferred Emergency Hospital:_____

Allergies/Medical:

List any allergies or other medical concerns to be aware of:

_____

_____

Any remedies or instructions for staff?_____

_____