

## Contact and Emergency Contact Information

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

Address: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact 1: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Relationship: \_\_\_\_\_

Emergency Contact 2: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Relationship: \_\_\_\_\_

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Optional:** Please complete the information below if you want us to give this information to Emergency Personnel

- I choose to not supply this information at this time
- I understand the following information will be kept in an Emergency Binder accessible to **staff responding to the emergency**

Doctor: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_