

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: _____