



Emergency Contact

Employee/Volunteer Contact Information:

Name: _____ Date of Birth ____/____/____
Last First M. Month Day Year

Address _____

City _____ State _____ Zip _____

Mobile Phone _____ Landline Phone _____

In Case of Emergency Please Notify:

First Contact: _____ Relationship: _____

1 Phone: _____ 2 Phone: _____

Second Contact: _____ Relationship: _____

1 Phone: _____ 2 Phone: _____

Medical Information:

Name of Physician: _____ Phone#: _____

Name of Dentist: _____ Phone#: _____

Insurance/ Medical Card: _____ ID#: _____

In case of emergency, I request to be taken to (name of hospital): _____

Do you have any medical conditions that should be noted in the event of an emergency? (Optional)

Signature of Employee/Volunteer

Date