



Emergency Contact

____ Employee ____ Volunteer ____ Student Teacher/Intern ____ Contract

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

Address _____

City _____ State _____ Zip _____

Mobile Phone _____ Email _____

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

Date