## Emergency Contact Information

**Employee Information**

Name (Last, First, MI): _____

Date: _____

**Emergency Contacts**

In the event of a medical emergency, the following people and
emergency medical personnel should be contacted:

Contact 1: _____

Phone: _____

Relationship: _____

Contact 2:: _____

Phone: _____

Relationship: _____

**Medical Information**

Doctor: _____   Phone: _____

Medication Taken and Allergies:_____

**Please complete and return to Human Resources.**