



### Employee Emergency Information

In case of an emergency, our procedure is to contact the people listed first on this form in the order that they appear. A rescue unit will be called in an emergency.

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

**Birthday:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

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

#### Emergency Contacts:

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Home ( )** \_\_\_\_\_ **Work ( )** \_\_\_\_\_ **Cell ( )** \_\_\_\_\_

**Email** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Home ( )** \_\_\_\_\_ **Work ( )** \_\_\_\_\_ **Cell ( )** \_\_\_\_\_

**Email** \_\_\_\_\_

In case of serious illness or injury, I give my consent to be transported to my doctor's office or closest hospital by school personnel or ambulance and given emergency care.

\_\_\_\_\_  
**Signature** **Date**

#### Please complete insurance information:

**Insurance Carrier/Number:** \_\_\_\_\_

**Doctor's Name:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**Allergies to medications or other:** \_\_\_\_\_

**Medications taken (including times daily):**  
\_\_\_\_\_