



EMERGENCY CONTACT INFORMATION

This form must be completed, signed and returned to your manager within 3 days of hire.

(Please print)

Full Name: _____ Date: _____

Nickname: _____ Birthday (mm/dd) _____

Email address: _____ Phone number: _____

Address: _____

Contact Information is Mandatory:

In case of emergency, illness, or accident to the above named person, the company is authorized to proceed as indicated below in order of preference.

Contact Name _____ Relation: _____

Cell Phone: _____

Contact Name _____ Relation: _____

Cell Phone: _____

Medical Information is Voluntary:

In the event of a medical emergency and you are not able to respond, are there any conditions or allergies, which need to be shared to first responders? This information will only be shared if you have a medical emergency. Please enter the information or put N/A

Preferred Hospital: _____ Cross roads _____