Employee Emergency Contact Card

Picture Required

First Name Last Name M/F date of birth

Address telephone number

Doctor's name and telephone number

Allergies or chronic medical conditions (if yes, a care plan is required)

In case of an emergency please call the following people in the listed order:

Name and telephone number relationship to employee

Name and telephone number relationship to employee

Name and telephone number relationship to employee

Required:

I, _____ authorize _____ to obtain medical care for
Employee name Program name

me in the event that an emergency should occur and the above emergency contacts cannot be located immediately.

Employee Signature Date

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