

EMPLOYEE EMERGENCY FILE

NAME: _____ POSITION: _____

ADDRESS: _____

ARE YOU OVER 18 YEARS OF AGE? YES ___ NO ___ DATE OF BIRTH: _____

PHONES: HOME: _____

MOTHER'S WORK: _____ MOTHER'S CELL: _____

FATHER'S WORK: _____ FATHER'S CELL: _____

EMERGENCY CONTACT (other than parent) NAME: _____

PHONE: _____

RELATIONSHIP: _____

FAMILY
DOCTOR: _____ PHONE #: _____ HOSPITAL: _____

List any medical problems or allergies that staff should be made aware of:

In the event of an emergency requiring medical attention, I understand that a reasonable effort will be made to contact me to obtain my authorization before treatment or hospitalization is rendered to _____. However, if I am unavailable, I grant permission to a physician or other hospital personnel to attend to my son or daughter.

PARENT OR GUARDIAN (if under 18 years old)

DATE