Emergency Contact Information

Name of Employee: Last Name Middle Initial First Name
(Last) (M.I.) (First)

In Case of Emergency, Contact:

Name	Phone Number	Relationship to you
Last Name, First Name	(XXX)XXX-XXXX	Relationship
Last Name, First Name	(XXX)XXX-XXXX	Relationship
Last Name, First Name	(XXX)XXX-XXXX	Relationship

Do you have any allergies? If so, please specify.
List allergies here.

Do you have any health issues we should be aware of? (optional)
List Health Issues.