



## EMERGENCY CONTACT INFORMATION

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

**In the event of an emergency, please contact the following individual (s):**

_____	_____	_____
<b>Name</b>	<b>Relationship</b>	<b>Phone</b>

_____	_____	_____
<b>Name</b>	<b>Relationship</b>	<b>Phone</b>

_____	_____	_____
<b>Name</b>	<b>Relationship</b>	<b>Phone</b>

_____	_____	_____
<b>Name</b>	<b>Relationship</b>	<b>Phone</b>

*Optional Information –*

**Primary Care Physician:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Primary Dentist:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Primary Eye Doctor:** \_\_\_\_\_ **Phone:** \_\_\_\_\_