



Employee Emergency Card

Print or Email to your Immediate Supervisor.

Employee Name: Today's Date

Building

Home Address:

City:

State: Zip Code

(H) Phone # (Cell) Phone #

Please give the name, address and phone number of a relative or friend who is willing to assume responsibility in assisting you in case of an accident or illness.

Name: Relationship

Address

City State Zip Code

(H) Phone # (W) Phone # (Cell) Phone #

Doctor's Name: Office Phone #

Office Address Hospital Preference

Chronic Illnesses

Allergies

Past Medical History Medications / Dosages