

## EMPLOYEE EMERGENCY INFORMATION

<b>Name</b>	
<b>Date of Form Completion</b>	
<b>Date of Birth</b>	
<b>Home Address</b>	
<b>Phone Number(s) to be Used for Emergency Notification Purposes</b>	
<b>Home Telephone Number</b>	
<b>Cellular Telephone Number</b>	
<b>Personal Email Address</b>	
<b>Alternate Telephone Number</b> (example: where you would go in event of an emergency)	
<b>Name of Spouse/Next of Kin</b>	
<b>Cellular Telephone Number of Spouse/Next of Kin</b>	
<b>Name &amp; Address of Employer of Spouse/Next of Kin</b> (if applicable)	
<b>Work Telephone Number of Spouse/Next of Kin</b> (if applicable)	
<b>Person(s) to be notified in case of emergency.</b> (Please list in the order in which to be called and include home address & phone number, email address, business address & phone number, and cell phone number when applicable.)	
<b>Other pertinent emergency/medical information to be shared with personnel responding to emergency.</b> (Examples: allergies, blood type, health insurance, name of physician, medication usage, etc.)	
<b>Anything a paramedic would need to know if they were to treat you on site?</b>	