

Emergency Information

Employee Name: _____

DOB: _____ SS#: _____

Contact Person: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Family Physician: _____ Phone: _____

Are you allergic to any medication? Yes No

If yes, what medications? _____

Special Medication Attention: _____

Special Note: This information is kept strictly confidential and will only be released to the company you are on assignment with or the EMT or Hospital you where you are being treated.