

**EMPLOYEE EMERGENCY INFORMATION SHEET**

**Employee Information**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Emergency Contact Information**

Name	Relationship	Phone Number
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May any doctor be called in an emergency? Yes  No

**Pertinent Medical Information**

List any allergies, conditions, etc.: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date