

## **Emergency Contact Form**

<b>Employee Name</b>	_____	<b>Address</b>	_____
<b>Phone Number</b>	_____		_____

### **Special Instructions:**

In the event of a medical emergency, are there any emergency procedures or restrictions on medications of which emergency personnel should be aware? If yes, please explain.

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### **Emergency Contacts:**

#### **Primary Contact in case of emergency:**

Name	_____	Relationship	_____
Address	_____	Phone Number	_____
	_____	Alternate Phone Number	_____

#### **Secondary Contact in case of emergency:**

Name	_____	Relationship	_____
Address	_____	Phone Number	_____
	_____	Alternate Phone Number	_____

### **Physician Contact**

Doctor's Name	_____	Address	_____
Phone Number	_____		_____

#### **Employee Authorization**

I have voluntarily provided the above contact information and authorize Mr. B Enterprises Inc. and its representatives to contact any of the above individuals on my behalf in the event of an emergency.

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*Employee signature*

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*Date*

