

EMPLOYEE EMERGENCY CARD

EMPLOYEE NAME:
ADDRESS:
PHONE:
SPOUSE NAME:
SPOUSE EMPLOYMENT:
SPOUSE PHONE:
EMERGENCY INFORMATION
CALL FIRST (Name, Address, Phone):
IF NO ANSWER, CALL SECOND (Name Address, Phone):
DOCTOR CONTACT (Name and Phone):
HOSPITAL PREFERENCE (please circle): St. Mary's / Riverside
ALLERGIES / MEDICATIONS / MEDICAL ALERTS, ETC.: