

EMPLOYEE INFORMATION PAGE

In Case of an Emergency

Employee Name: _____

Date of Birth: _____ SS# or ID # _____

Emergency Contact Person: _____

Relationship: _____ Phone # _____

Employee Information:

Any known allergies: _____

List prior surgeries: _____

List Medications you are taking: _____

Please list any other conditions we should know about: _____

Signature

Date