

## **Employee Health and Emergency Contact Form**

Employee Name: \_\_\_\_\_

In the event of a medical emergency, are there any emergency procedures, information concerning medications or restrictions on medications, of which we or the emergency personnel should be aware? If yes, please list below:

---

---

---

---

### **Please notify in case of emergency:**

#### **Primary Contact**

Name:

Address:

Phone:

#### **Secondary Contact**

Name:

Address:

Phone:

### **Employee Authorization:**

I have voluntarily provided the above contact information and authorize **Trusty Tails Pet Care** and its representatives to contact any of the above individuals on my behalf in the event of any emergency.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date