

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