Employee Emergency Notification Form

Employee Name: _____

In the event of an emergency, I authorize a representative of Madison County, Iowa, to notify the following persons:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Relationship to Employee: _____

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Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Relationship to Employee:

Medical Information: (Optional)

Doctor:_____ Phone: _____

Hospital Preference: _____

I understand and agree that Madison County will have no obligation or liability to notify such persons.

_____

Signed By Dated Printed Name