

EMERGENCY INFORMATION NOTIFICATION FORM
Diversified Support Services

Employee Information:

Name:	Social Security #:
Address:	Phone:
Physician Name: Physician Address:	Phone:

Emergency Contacts:

In the event of an emergency, I, the undersigned employee, authorize Diversified Support Services to contact the following person(s):

Contact #1 Name:	Phone (H):
Address:	Phone (W):
Relationship to Employee:	Other method of contact:
Contact #2 Name:	Phone (H):
Address:	Phone (W):
Relationship to Employee:	Other method of contact:

Employee Name	Employee Signature	Date
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