

Employee Staff Emergency

Contact Form

Personal Information

- Name: _____
- Position: _____
- Team/Shift: _____
- Contact Number: _____
- Address: _____

Emergency Contact 1

- Name: _____
- Relationship: _____
- Mobile Number: _____
- Alternate Contact: _____

Emergency Contact 2 (Optional)

- Name: _____
- Relationship: _____
- Mobile Number: _____
- Alternate Contact: _____

Important Notes

- Preferred Hospital: _____
- Health Insurance Details: _____

Consent to Contact

In the event of an emergency, I give consent for the listed individuals to be contacted.

[] I consent

Signature: _____ Date: _____