

Employee Emergency Medical Form

Name _____

Home Phone _____ Cell Phone _____

Address _____

Purpose: To provide information necessary for health care in case of emergency for which you cannot respond.

In case of emergency, please contact:

Name _____ Phone _____

Address _____

Relationship _____ spouse _____ parent _____ child _____ other

Doctor _____ Phone _____

Hospital _____ Phone _____

Please list allergies, medications being taken, and/or any medical conditions(s) that WCCC needs to be aware of for emergency purposes:

I'm providing this information with the understanding it will only be used in case of an emergency.

Signature

Date

I do NOT wish to provide this information.

Signature

Date