



Employee Emergency Information

Client _____

Employee Name _____ S.S. # _____

Address _____

Phone Number (_____) _____

In case of an emergency, please contact:

1. Name _____ Relationship _____

Address _____

Phone Number (_____) _____

2. Name _____ Relationship _____

Address _____

Phone Number (_____) _____

I authorize _____ to seek emergency treatment for me. I am allergic to the following medications:

Signed _____ Date _____

This form is to be retained at the client site for referral in case of an emergency.