



**EMERGENCY DATA CONTACT INFORMATION**

**NAME OF EMPLOYEE:** \_\_\_\_\_

**CELL PHONE NUMBER:** \_\_\_\_\_

**HOME NUMBER:** \_\_\_\_\_ ( ) SAME AS CELL PHONE

**HOME ADDRESS:** \_\_\_\_\_

- **EMERGENCY NAME & PHONE NUMBER:** \_\_\_\_\_

\_\_\_\_\_

**Relation:** \_\_\_\_\_

**NEAREST FRIEND OR RELATIVE NAME & PHONE NUMBER (OTHER THAN PERSON LISTED ABOVE\*):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MEDICAL HISTORY:**

**BLOOD TYPE:** \_\_\_\_\_ ( ) UNKNOWN

**DIABETES:** \_\_\_\_\_ ( ) UNKNOWN

**ALLEGIES:** \_\_\_\_\_ ( ) UNKNOWN

**HEART:** \_\_\_\_\_ ( ) UNKNOWN

**EPILEPSY:** \_\_\_\_\_ ( ) UNKNOWN

**TAKING MEDICATION FOR:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_