Employee Emergency Calling Card

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| --- | --- | --- | --- | --- | --- |
| Name: | | | | Employee ID #: | |
| Address: | | | | | |
| Work Phone #: | Home Phone #: | | | | Cell Phone #: |
| ***Emergency Contact Information*** | | | | | |
| #1 Name: | | | Relationship: | | |
| Phone # 1: | | Phone # 2: | | | |
| ***Additional Contact Information*** | | | | | |
| #2 Name: | | | Relationship: | | |
| Phone # 1: | | Phone # 2: | | | |
| Doctor Name: | | Phone #: | | | |
| Medications currently used: | | | | | |
| Allergies: | | | | | |
| Other Pertinent Information: | | | | | |