



Emergency Contact Form

Employee Name	_____	Address	_____
Phone Number	_____		_____

Special Instructions:

In the event of a medical emergency, are there any emergency procedures or restrictions on medications of which emergency personnel should be aware? If yes, please explain.

Emergency Contacts:

Primary Contact in case of emergency:			
Name	_____	Relationship	_____
Address	_____	Phone Number	_____
	_____	Alternate Phone Number	_____
Secondary Contact in case of emergency:			
Name	_____	Relationship	_____
Address	_____	Phone Number	_____
	_____	Alternate Phone Number	_____

Physician Contact

Doctor's Name	_____	Address	_____
Phone Number	_____		_____

Employee Authorization

I have voluntarily provided the above contact information and authorize 2nd Shot Logistics and its representatives to contact any of the above individuals on my behalf in the event of an emergency.

Employee signature

Date