



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 A-Line Atlantic Inc and its representatives to contact any of the above individuals on my behalf in the event of an emergency.

Employee signature

Date