Emergency Contact Information

Employee Name

|  |
| --- |
|  |

Home Address

|  |
| --- |
|  |

Cell Phone Number Email Address

|  |  |  |
| --- | --- | --- |
|  |  |  |

Physician Name Physician Phone Number

|  |  |  |
| --- | --- | --- |
|  |  |  |

In the event of an emergency, I authorize an employee of the practice to contact the following person(s).

**Emergency Contact #1**

Contact Name

|  |
| --- |
|  |

Cell Phone Number Email Address

|  |  |  |
| --- | --- | --- |
|  |  |  |

**Emergency Contact #2**

Contact Name

|  |
| --- |
|  |

Cell Phone Number Email Address

|  |  |  |
| --- | --- | --- |
|  |  |  |

**Emergency Contact #3**

Contact Name

|  |
| --- |
|  |

Cell Phone Number Email Address

|  |  |  |
| --- | --- | --- |
|  |  |  |

Employee Signature Date

|  |  |  |
| --- | --- | --- |
|  |  |  |