



# Staff Emergency Medical Information

Employee Name			
Address			
Age		Date of Birth	
Emergency Contact Information			
Spouse or Next of Kin's Name		Home Phone	
Address		Cell Phone	
		Work Phone	
Employer			
Health Information			
Do you have any known allergies (such as dust, plants, animals, food, etc?) <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please explain? (be specific)			
Are you taking any medication? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If yes, please list each medication separately:</i>			
Medication	Reason for Taking	Medication	Reason for Taking
Emergency Care Information			
Primary Doctor		Phone	
Office Address			
Specialist		Phone	
Office Address			
Dentist		Phone	
Office Address			
Hospital Preference			
If spouse or next of kin cannot be contacted, call:			
Relationship		Phone	
<i>I agree that the person in charge may authorize the physician of his/her choice to provide emergency care in the event that neither spouse, next of kin, family physician, or specialist can be contacted immediately.</i>			
Comments:			
Employee Signature		Date	