

EMERGENCY CONTACT FORM

**PLEASE LIST PERSONS TO BE CONTACTED
IN CASE OF EMERGENCY**

PRIMARY CONTACT:

Name _____ Relationship _____

Telephone Numbers:

Work: () - _____ - _____ , Home: () - _____ - _____ ,

Cellular () - _____ - _____ , Beeper: _____

ALTERNATE CONTACT:

Name _____ Relationship _____

Telephone Numbers:

Work: () - _____ - _____ , Home: () - _____ - _____ ,

Cellular () - _____ - _____ , Beeper: _____

OPTIONAL INFORMATION (voluntary)

List Allergies, Medications, Special Medical Needs, Doctor(s), etc.

This information is Confidential, and will be used only in case of Emergency.

Employee – Print Name

Social Security Number

If you are revising your information, please fill in your Employee ID# _____

Employee ID #

Employee Signature

Date

*You may change this information at any time by completing another form and submitting it to the
Office of Client Services at the Research Foundation, 230 West 41st St., New York, N.Y. 10036.*