

Staff Emergency Card

Hire Date _____ ID# _____

Name _____ Sex: M _____ F _____
Birthdate _____ Phone _____ Cell _____
Home Address _____ City _____ Zip _____

Dentist _____ Address _____ Phone _____
Physician _____ Address _____ Phone _____
Hospital _____ Address _____ Phone _____

List all allergies to food or medication _____
List any known medical conditions _____

Two persons to be notified in case of emergency

Name _____ Address _____ Phone _____
Name _____ Address _____ Phone _____