

EMPLOYEE EMERGENCY INFORMATION

Must be filled out by employees

CONFIDENTIAL

BUTTERFIELD PARK DISTRICT

Employee:

Name: _____ Birth Date: _____

Address: _____

City: _____ State: _____

Phone #: _____ Email: _____

In case of an emergency, please contact:

Name: _____

Phone # 1: _____ Phone #2: _____

Email: _____

Relationship: _____

Name: _____

Phone#1: _____ Phone#2: _____

Email: _____

Relationship: _____

Family Physician:

Name: _____ Phone: _____

Allergies: _____

Present Medications: _____

Hospital Preference: _____ Date of last tetanus booster: _____

Blood type: _____

Optional: Do you have any physical or medical conditions which you feel your employer should be aware of ahead of time? _____

