

This form is provided as a sample and may not be suitable for every situation. This form should not be considered legal advice or legal opinion. There may be state or municipality specific information that would affect your use of this form. You should review applicable law in your jurisdiction and consult experienced counsel for legal advice. If you use this form (either "as is" or by modifying the form), you are responsible for all content.

YOU SHOULD REMOVE THIS TEXT BEFORE USING THE FORM IN YOUR WORKPLACE

Emergency Contact Form

Employee Name	<u>John Doe</u>	Address	<u>29 Elm St</u>
Phone Number	<u>(631) 617-5060</u>		<u>Ronkonkoma, , 11779</u>

Special Instructions:

In the event of a medical emergency, are there any emergency procedures or restrictions on medications of which emergency personnel should be aware? If yes, please explain.

Emergency Contacts:

Primary Contact in case of emergency:			
Name	_____	Relationship	_____
		Phone Number	_____
Secondary Contact in case of emergency:			
Name	_____	Relationship	_____
		Phone Number	_____

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Physician Contact

Doctor's Name _____

Phone Number _____

Employee Authorization

I have voluntarily provided the above contact information and authorize Juiced Technologies and its representatives to contact any of the above individuals on my behalf in the event of an emergency.

Employee signature

Date