

EMERGENCY NOTIFICATION

DATE _____

EMPLOYEE NAME: _____ BIRTH DATE: _____

OFFICE PHONE: (253) 582-1253 ext. _____ HOME PHONE _____
(include area code)

E-MAIL ADDRESS: _____ CELL PHONE: _____
(include area code)

HOME ADDRESS: _____ SUPERVISOR _____
(Street Address)

City _____ State _____ Zip _____

Individuals to contact in case of an emergency:

NAME: _____ NAME: _____

RELATIONSHIP: _____ RELATIONSHIP: _____

HOME ADDRESS: _____ HOME ADDRESS: _____
Street Address Street Address

City _____ State _____ Zip _____ City _____ State _____ Zip _____

HOME PHONE: _____ HOME PHONE: _____
(include area code) (include area code)

WORK PHONE: _____ WORK PHONE: _____
(include area code) (include area code)

DOCTOR'S NAME: _____ PHONE NUMBER: _____
(include area code)

Any special information (allergies, medication, ect.) you want us to know:

