

Contact Info and Emergency Contact Form

Employee Name _____	Address _____
Phone Number _____	_____
Date of Brith: _____	Unisex Shirt Size: _____

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

Physician Contact

Doctor's Name _____	Address _____
Phone Number _____	_____

Do you have any food sensitivities that we should be aware of, if so please describe:

Do you have any health conditions that we should be aware of or need accommodation, if so please describe:

Employee Authorization

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

Employee signature

Date