

Employee Emergency Contact and Medical Consent Form

Please complete this form accurately. This information will be kept confidential and used only in the event of an emergency.

1. Employee Information

Full Name:	<input type="text"/>	Employee ID:	<input type="text"/>
Street Address:	<input type="text"/>		
City:	<input type="text"/>	State:	<input type="text"/>
ZIP Code:	<input type="text"/>	Phone Number:	<input type="text"/>
Email Address:	<input type="text"/>		

2. Primary Emergency Contact

Contact Name:	<input type="text"/>	Relationship:	<input type="text"/>
Primary Phone:	<input type="text"/>	Alternate Phone:	<input type="text"/>
Street Address:	<input type="text"/>		

3. Secondary Emergency Contact

Contact Name:	<input type="text"/>	Relationship:	<input type="text"/>
Primary Phone:	<input type="text"/>	Alternate Phone:	<input type="text"/>
Street Address:	<input type="text"/>		

4. Medical Information (Optional)

This information is voluntary and will be used by medical personnel only in an emergency.

Known Medical Conditions/Allergies:	<input type="text"/>
Current Medications:	<input type="text"/>
Blood Type:	<input type="text"/>
Primary Care Physician Name:	<input type="text"/>
Physician Phone Number:	<input type="text"/>
Medical Insurance Provider:	<input type="text"/>
Insurance Policy/Group Number:	<input type="text"/>

5. Medical Consent and Authorization

In the event of a medical emergency, I hereby authorize the company and its representatives to contact the emergency contacts listed above. If the emergency contacts cannot be reached, or if the urgency of the situation requires immediate medical attention, I hereby authorize the company to secure necessary medical treatment, including hospitalization, injection, anesthesia, or surgery, from a licensed physician or medical facility.

I accept full financial responsibility for any medical treatment, rescue services, or transportation services rendered.

Employee Printed Name:	<input type="text"/>
Employee Signature (Sign after printing):	<input type="text"/>
Date:	<input type="text"/>

