



## Emergency Contact Form

<b>Employee Name</b>	_____	<b>Address</b>	_____
<b>Phone Number</b>	_____		_____

### 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:

<b>Primary Contact in case of emergency:</b>			
Name	_____	Relationship	_____
Address	_____	Phone Number	_____
	_____	Alternate Phone Number	_____
<b>Secondary Contact in case of emergency:</b>			
Name	_____	Relationship	_____
Address	_____	Phone Number	_____
	_____	Alternate Phone Number	_____



## Physician Contact

Doctor's Name	_____	Address	_____
Phone Number	_____		_____

### Employee Authorization

I have voluntarily provided the above contact information and authorize Avail Health & Behavioral Solutions and its representatives to contact any of the above individuals on my behalf in the event of an emergency.

\_\_\_\_\_  
*Employee signature*

\_\_\_\_\_  
*Date*