



EMPLOYEE EMERGENCY CARD

NEWESD 101 policy in the event of an emergency:

NEWESD 101 will contact an Emergency Medical Unit for transport and/or emergency medical attention.

I hereby authorize this emergency information be maintained on the NEWESD 101 Intranet to be accessed only in the event of an emergency and only by NEWESD 101 cabinet members.

Signature: _____

YES

NO

NAME HOME PHONE CELL. PHONE

TITLE DEPARTMENT BUILDING

DIRECT PHONE DEPT. PHONE FAX

EMAIL SUPERVISOR

WORK ADDRESS CITY STATE ZIP

HOME ADDRESS CITY STATE ZIP

EMERGENCY CONTACT #1 DAYTIME PHONE EVENING PHONE

EMERGENCY CONTACT #2 DAYTIME PHONE EVENING PHONE

DOCTOR PREFERENCE DOCTOR PHONE

HOSPITAL PREFERENCE HOSPITAL PHONE

OTHER INSTRUCTIONS:

Include any special health issues (allergies, medical conditions, etc.) that should be brought to the attention of medical personnel should you become ill or injured while on the job.