The Resource Connection
Engaging Families
Empowering Communities
Enriching Lives

EMPLOYEE CONTACT FORM

Please use this form to update our records:

☐ **Name** ☐ **Address** ☐ **Telephone Number(s)** ☐ **Emergency Contact**

_____ _____
Last Name (Please Print) **First** **Home Telephone Number**

_____ _____
Residence Street Address **City** **Zip Code** **Cell Phone Number**

_____
Mailing Address (if different than residential address) **City** **Zip Code**

Site Assignment: _____ **OR** **I am a substitute**

PERSON TO BE CALLED IN AN EMERGENCY:

_____ _____
Last Name (Please Print) **First** **Home Telephone Number**

_____ _____ _____
Relationship **Work Phone Number** **Cell Phone Number**

PHYSICIAN/DENTIST TO BE CALLED IN AN EMERGENCY:

_____ _____
Physician's Name (Please Print) **Telephone Number**

_____ _____
Dentist's Name (Please Print) **Telephone Number**

_____ _____
Name of Insurance Carrier or Medi-Cal Number **Hospital Preference**

Please list any/all medical conditions, allergies or medical treatment restrictions you want us to be aware of:

_____

_____

In case of an accident or medical emergency, I authorize a staff member of the Resource Connection to take me to the above named physician, dentist or an emergency hospital for emergency treatment and measures as are deemed necessary to preserve the life, limb or well being of myself, at my own expense.

_____ _____ _____
Printed Name **Signature** **Date**