

Emergency Treatment Contact and Permission Form for Employee

The Richard Stockton College of New Jersey

Name _____ RSC Z# _____

Foreign Contact Information

Address
Email address
Home Phone Number
Cell Phone Number

Emergency Contact Information

Name
Address
Phone Number
Relationship

Passport Number

Medical Conditions

Are there any Medical Restrictions, Physical or Psychological, which may limit your full participation in this program ? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:
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Food Restrictions

Health Insurance Information

Provider Name
Policy Number
Group Number
Subscriber

In the event of an emergency and I cannot be reached, I give my consent to authorize a representative of the host institution to authorize treatment or hospital care which in the best judgment of a licensed physician is deemed advisable.

Signature of Employee: _____

Date: _____