Town of Milton, Vermont

EMERGENCY CONTACT INFORMATION SHEET

Name: _____
(First) (Middle) (Last)

Birth Date: _____

Address: _____

City/Town/State/Zip Code: _____

Telephone: _____ **Cell Phone:** _____

E-Mail Address:_____

Town Department Name: _____

Job Title _____

Emergency Contact Information (Please provide us with two (2) contacts)

- **Name:** _____

  Relationship: _____

  Telephone/Cell Phone Numbers: _____

  Address: _____

  City/Town: _____

- **Name:** _____

  Relationship: _____

  Telephone/Cell Phone Numbers: _____

  Address: _____

  City/Town: _____

Other Information (Please list any information that maybe helpful, such as known allergies etc.)

_____

Preferred Hospital _____

Date Completed: _____

Revised June 10, 2008