

# Staff Emergency Contact Form

Nurses Office

Confidential to All Staff

Please record all information below. It is strictly for the nursing staff only in case of an emergency.

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone \_\_\_\_\_

Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Allergies: \_\_\_\_\_

Medication: \_\_\_\_\_

Mediation: \_\_\_\_\_

Other Medical Info: \_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Please return to the nurse's office

\_\_\_\_\_