

EMERGENCY CONTACT INFORMATION FORM

Should there be an EMERGENCY where you would need medical or other emergency services, we would appreciate you providing the following information in order that we may provide better assistance to you and your family.

YOUR FULL NAME: _____

NAME OF SPOUSE OR SIGNIFICANT OTHER: _____

SPOUSE'S PLACE OF EMPLOYMENT: _____

EMPLOYMENT ADDRESS: _____

WORK PHONE: _____ CELL PHONE: _____ OTHER: _____

SECONDARY CONTACT INDIVIDUAL: _____

HOME ADDRESS: _____ PHONE: _____

SECONDARY'S PLACE OF EMPLOYMENT: _____

EMPLOYMENT ADDRESS: _____

WORK PHONE: _____ CELL PHONE: _____ OTHER: _____

YOUR PHYSICIAN: _____

ADDRESS AND PHONE NUMBER: _____

HOSPITAL PREFERENCE: _____

Confidentiality Statement: The above information will be kept in strictest confidence and only used in the event of an emergency requiring us to notify your family or other emergency contacts. This information shall be updated yearly to better assist you

***PLEASE COMPLETE FORM AND E-MAIL TO: maciasg@oakgov.com OR
FAX FORM TO G. MACIAS/HOMELAND SECURITY AT [248-858-5542](tel:248-858-5542)***