



## Mathematics Department

### Employee Emergency Information

It is the department's responsibility to keep information on file that will allow us to inform your next of kin should an emergency arise. Human Resources has suggested that the following information be collected and kept current on each employee with the understanding that this information is confidential and will be used only if there is an emergency:

- 1) Name, address, home and work telephone of your partner, nearest relative, or friend
- 2) Physician's name, address, and telephone

In addition, since the campus could be isolated during an emergency, it would be useful to have on file information regarding medications taken and health concerns (e.g., allergies to medications, specific instructions regarding health care) that would be important to know if you were injured and unable to convey this information to a physician. This information is kept separate from your personnel file and will be used only in case of an emergency.

Please complete and return this form to me at your earliest convenience.

#### EMERGENCY INFORMATION

YOUR NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ TODAY'S DATE: \_\_\_\_\_

Person to be notified in case of emergency:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMERGENCY CONTACT NUMBER: \_\_\_\_\_ CELL PHONE: YES NO

PHYSICIAN'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

Special medications taken: \_\_\_\_\_

Other health concerns (allergies to medications, special instructions for health care, etc.): \_\_\_\_\_

\_\_\_\_\_