

## Emergency Employee Information Sheet - WHS

Name: \_\_\_\_\_

Address:

\_\_\_\_\_

Phone #: \_\_\_\_\_

Please list any health information we may need to be aware of in case of any emergency:

\_\_\_\_\_

Person to notify in case of emergency:

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Second contact in case first can not be reached:

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Health Insurance information for emergency personnel:

\_\_\_\_\_