



Medical Staffing Solutions

"The Solution to your Staffing Needs"

Employee Emergency Contacts

In the case of an emergency, please list the names of two individuals you would like us to contact. They will be contacted in the order listed

Employee Name Date

Emergency Contact #1

Name: Relationship:

Home Address

City: State: Zip:

Home Phone: Work Phone:

Cell Phone:

Emergency Contact #2

Name: Relationship:

Home Address

City: State: Zip:

Home Phone: Work Phone:

Cell Phone:

Allergies

Please list all known medical allergies:

Are you allergic to latex? Yes No (double click the appropriate box and click "checked")