

Central Coast Kids & Families, LLC



EMPLOYEE EMERGENCY CONTACT FORM

Name _____

Personal Contact Info:

Home Address _____

City, State, ZIP _____

Primary Phone # _____ Email: _____

Emergency Contact Info:

(1) Name _____ Relationship _____

Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Employer _____

(2) Name _____ Relationship _____

Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Employer _____

Medical Contact Info:

Doctor Name. _____ Phone # _____

Dentist Name _____ Phone # _____

_____ I have voluntarily provided the above contact information and authorize Central Coast Kids & Families, LLC and its representatives to contact any of the above on my behalf in the event of an emergency.

_____ I choose not to furnish any emergency contact information to Central Coast Kids & Families, LLC at this time.

Employee Signature _____ Date _____