

CHOICISS

Community Housing Options: Integrated Community, Employment and Social Services

EMPLOYEE EMERGENCY INFORMATION

Name: _____ Telephone: _____
Address: _____ Apartment No. _____
City: _____ Zip Code: _____
Date of Birth: _____

NOTIFY IN CASE OF EMERGENCY:

1. Name: _____ Telephones:
Address: _____ Home: _____
City: _____ Work: _____

2. Name: _____ Telephones:
Address: _____ Home: _____
City: _____ Work: _____

If I am injured on the job, I wish to be treated by my personal physician or personal chiropractor, who has treated me before and who has my medical or chiropractic treatment records.

Your Doctor's Information

Name: _____ Telephone: _____
Address: _____ Suite No: _____
City: _____ Zip Code: _____

MEDICAL INFORMATION:

In case of extreme emergency, I authorize emergency medical treatment at my expense.

Yes No Special instructions:

Employee Signature: _____ Date: _____