

Employee Emergency Contact Form

Please return this form to the Rabun County Public Library Library Manager.
The original will be kept in the manager's office, and a copy will be kept in a sealed envelope in the back room.

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Cell Phone #: _____ Home Phone #: _____

In the event of an emergency, please list the names and phone numbers of **two** individuals you would like us to contact:

Emergency Contact 1:

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Cell Phone #: _____ Home Phone #: _____

Emergency Contact 2:

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Cell Phone #: _____ Home Phone #: _____

Do you give us permission to transport you to the nearest medical facility should you incur serious illness or injury during normal work hours?

Yes: No:

If **yes**, please indicate the name and contact telephone number of the physician or health care provider that you would like for use to contact:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone #: _____ Home Phone #: _____

Any other important information to be handed to the medical team treating you:
