EMERGENCY DATA SHEET

NAME_____DEPARTMENT_____

SSN#_____DATE OF BIRTH_____

STREET_____

CITY_____STATE_____ZIP_____

PHONE #_____RACE_____SEX_____

DRIVER'S LICENSE#_____

CIRCLE ONE: FULL TIME EMPLOYEE OR PART TIME EMPLOYEE
SEASONAL EMPLOYEE OR OTHER_____

SPOUSES'S INFORMATION

NAME_____SSN#_____

DATE OF BIRTH_____

CHILDREN INFORMATION

NAME (S)	DATE OF BIRTH	SSN#	SEX
1.			
2.			
3.			
4.			
5.			

PERSON TO CONTACT IN CASE OF AN EMERGENCY

FIRST CHOICE

NAME_____RELATIONSHIP_____

ADDRESS_____
City state zip

HOME PHONE #_____WORK PHONE #_____

SECOND CHOICE

NAME_____RELATIONSHIP_____

ADDRESS_____
City state zip

HOME PHONE #_____WORK PHONE#_____