

Magnolia Meadow Farms
EMPLOYEE EMERGENCY CONTACT FORM

Personal Info:

Name: _____
Home Address: _____
City, State, Zip: _____
Cell #: _____ Home Telephone #: _____

Emergency Contact Info:

(1) Name: _____ Relationship: _____
Address: _____
City, State, Zip: _____
Cell #: _____ Home Telephone #: _____
Work #: _____ Employer: _____

(2) Name: _____ Relationship: _____
Address: _____
City, State, Zip: _____
Cell #: _____ Home Telephone #: _____
Work #: _____ Employer: _____

Medical Contact Info:

Doctor Name: _____ Phone #: _____
Dentist Name: _____ Phone #: _____

List any known allergies: _____

List any known health concerns: _____

I have voluntarily provided the above contact information and authorize Magnolia Meadow Farms and its representatives to contact any of the above on my behalf in the event of an emergency.

Employee Signature: _____ Date: _____