



**EMPLOYEE & EMERGENCY CONTACT FORM**

**Employee Name** \_\_\_\_\_

**Personal Contact Info:**

|                        |               |             |              |                 |
|------------------------|---------------|-------------|--------------|-----------------|
| Home Address           | <i>Street</i> | <i>City</i> | <i>State</i> | <i>Zip Code</i> |
| Personal Email Address |               |             |              |                 |
| Phone # 1              |               | Phone # 2   |              |                 |

**Emergency Contact Info:**

|              |              |
|--------------|--------------|
| Name         | Relationship |
| ER Phone # 1 | ER Phone # 2 |

**Medical Contact Info:**

|                      |         |
|----------------------|---------|
| Doctor/Practice Name | Phone # |
|----------------------|---------|

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

|                           |             |
|---------------------------|-------------|
| <b>Employee Signature</b> | <b>Date</b> |
|---------------------------|-------------|