



Emergency Contact Form

Name _____	Phone Number _____
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Special Instructions:

In the event of a medical emergency, are there any emergency procedures or restrictions on medications of which emergency personnel should be aware? If yes, please explain.

Emergency Contacts:

Primary Contact:

Name: _____ Primary Phone Number: _____
Relationship: _____ Alternate Phone Number: _____
Email Address: _____

Secondary Contact:

Name: _____ Primary Phone Number: _____
Relationship: _____ Alternate Phone Number: _____
Email Address: _____

Physician Contact:

Doctor's Name: _____ Phone Number: _____
Address: _____

Employee Authorization:

I have voluntarily provided the above contact information and authorize The Sawtooth School for Visual Art and its representatives to contact any of the above individuals on my behalf in the event of an emergency.

Employee Signature

Date