



Employee Emergency Contact Form

Please complete the form below. This information is confidential and will only be used in case of emergency (i.e. medical/health, injury, etc.).

- I do not wish to provide any emergency contacts.

Employee Name: _____ Employee Phone#: _____

Employee Job Title: _____ Employee Supervisor: _____

Employee Address: _____

Emergency Contact #1:

Contact Name: _____

Contact Phone#: _____

Does VREF Administration have your permission to release medical/health information to this person? **Please circle one.**

Yes

No

Emergency Contact #2:

Contact Name: _____

Contact Phone#: _____

Does VREF Administration have your permission to release medical/health information to this person? **Please circle one.**

Yes

No



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