

SOUTHERN NEW HAMPSHIRE SERVICES, INC.
HUMAN RESOURCES DEPARTMENT

EMERGENCY CONTACT INFORMATION

Employee / Volunteer Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Site location: _____ **Dept:** _____

PERSON TO NOTIFY IN CASE OF EMERGENCY

NAME: _____

ADDRESS: _____

RELATIONSHIP: _____

PHONE NUMBER: _____

Or:

NAME: _____

ADDRESS: _____

RELATIONSHIP: _____

PHONE NUMBER: _____

MEDICAL HISTORY: (Optional)

Allergies: _____

Adverse Reactions: _____

Treatment for Above: _____

Medical Conditions: _____

Medications: _____

Doctor's Name: _____

Phone Number: _____

Hospital Preference: _____