

# City of Twinsburg



Est. 1817

## Employee Emergency Information

Name: \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Home Phone # \_\_\_\_\_ SS # \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Medical Information

The following information may be used in case of emergency.

Medical Allergies: \_\_\_\_\_

Maintenance Medications: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Disabilities: \_\_\_\_\_ Blood Type: \_\_\_\_\_ Rh: \_\_\_\_\_

### In Case of Emergency Notify

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship \_\_\_\_\_

Please describe any additional instructions for emergency personnel: \_\_\_\_\_

### Vehicle Information

Make of primary vehicle: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ License #: \_\_\_\_\_

Make of secondary vehicle: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ License #: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Revised 2/14/2007