



www.walkwithweb.org

## Emergency Contact Form

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

**Phone Number** \_\_\_\_\_

### **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 in case of emergency:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Alternate Phone Number \_\_\_\_\_

#### **Secondary Contact in case of emergency:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Alternate Phone Number \_\_\_\_\_

### **Employee Authorization**

I have voluntarily provided the above contact information and authorize Walk With Web Inc. and its representatives to contact any of the above individuals on my behalf in the event of an emergency.

\_\_\_\_\_  
*Employee signature*

\_\_\_\_\_  
*Date*