



Vital Care Health Systems

Where Caring Comes From The Heart

EMERGENCY CONTACT FORM

EMPLOYEE INFORMATION

Employee Name: _____

Address: _____

Phone Numbers:

Home: _____

Cellular: _____

Email: _____

IN CASE OF AN EMERGENCY

Primary Contact: _____

Relationship: _____

Address: _____

Work: _____

Home: _____

Cellular: _____

Secondary Contact: _____

Relationship: _____

Address: _____

Work: _____

Home: _____

Cellular: _____

ADDITIONAL INFORMATION THAT MAY BE HELPFUL IN THE EVENT OF AN EMERGENCY: