



COMMUNITY ACTION OF ORLEANS & GENESEE
EMPLOYEE EMERGENCY CARD

Date _____

Employee's Name _____ Birth Date _____
Last First MI

Address _____

City _____ Zip _____ Home phone # _____

Email address _____ Cell phone # _____

I, the undersigned, do hereby authorize officials of Community Action of Orleans & Genesee to contact directly the persons named on this card, and do authorize the named physicians to render such treatment as may be deemed necessary in an emergency. I understand that I am not required to provide this information to the agency.

In the event physicians or other persons named on this card cannot be contacted, (or I have declined to give this information), officials of this agency are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of the aforesaid employee. I will not hold Community Action of Orleans & Genesee liable for treatment decisions or financially responsible for the emergency care and/or transportation.

Date

Signature of Employee
(over)

VOLUNTARY Health Information: *In the event of an emergency it may be helpful for the agency to have personal medical information about you in order to notify emergency personnel.*

List any health conditions such as heart disease, diabetes, epilepsy, severe allergies, eye or ear problems, or any other chronic condition, etc.

Explanation: _____

Doctor: _____ Phone Number: _____

Hospital Choice: _____ Address: _____

To serve you in case of ACCIDENT OR SUDDEN ILLNESS, it is recommended that you furnish the names of two persons to contact for emergency calls including their address and phone numbers.

Name	Address	Daytime Phone
_____	_____	_____
_____	_____	_____

I understand that I am not required to provide this information to the agency. _____
(Initial)

Revised 12/09