

Emergency Contact

Personal Information:

First Name & Last Name: _____

Department: _____

Home Address: _____

City, State, ZIP: _____

Home Telephone: _____ Cell phone: _____

Emergency Contact Info:

(1) Name: _____ Relationship: _____

Home Address: _____

City, State, ZIP: _____

Home Telephone: _____ Cell Phone: _____

(2) Name: _____ Relationship: _____

Home Address: _____

City, State, ZIP: _____

Home Telephone: _____ Cell Phone: _____

Medical Contact Info:

Doctor Name: _____ Phone: _____

Dentist Name: _____ Phone: _____

I have voluntarily provide the above contact information and authorize Canales Furniture and it's representatives to contact any of the above on my behalf in the evento of an emergency.

Employee Signature: _____ Date: _____