

National Hospice Management, INC.

Contracted Employee Emergency Information Form

Please print legibly and provide all information requested

Name _____
Last First MI

Person to notify in emergency (1):	Person to notify in emergency (2):
First and Last Name	First and Last Name
Relationship	Relationship
Phone	Phone
Address: _____ _____ _____	Address: _____ _____ _____

If your emergency information changes, please complete a new Contracted Employee Emergency Information form as soon as possible and submit to Human Resources.

Contracted Employee Signature: _____ Date: _____

My signature affirms that I give my permission for individuals listed on this emergency contact form to be contacted in the event of an emergency requiring communication regarding my well-being to be made.