



**City of Middletown Part-Time  
EMPLOYEE EMERGENCY INFORMATION**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (\_\_\_\_)-\_\_\_\_\_ Emergency Daytime Phone (\_\_\_\_)-\_\_\_\_\_

List any health concerns (allergies, bee stings, food allergies, physical limitations, etc.): \_\_\_\_\_

Do you take medication? \_\_\_\_\_ If yes, please list: \_\_\_\_\_

Are there any side effects? \_\_\_\_\_  
(Any time an employee is on a medication, it is his/her responsibility to notify their immediate supervisor)

Do you wear braces? \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone (\_\_\_\_)-\_\_\_\_\_

Parent/Guardian/Spouse Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

Home Phone: (\_\_\_\_)-\_\_\_\_\_ Work Phone: (\_\_\_\_)-\_\_\_\_\_

If parent/guardian/spouse cannot be reached, list two people that can be called in an emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Any other information you feel we should know: \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_