



## Emergency Contact Information

Employee Name: \_\_\_\_\_

In case of an emergency the Middlesex YMCA should contact the following:

Name: \_\_\_\_\_

Relation to Employee: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

## Optional Medical Information

Physician's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Special Notes: Example...allergies, medical conditions or anything you feel is important for the YMCA to know.

---

---