

New York State Veterans Home at Batavia

EMERGENCY CONTACT INFORMATION

**CONFIDENTIAL DATA TO BE USED IN
CASE OF EMERGENCY ONLY**

PLEASE PRINT OR TYPE

EMPLOYEE NAME & ADDRESS	DATE OF BIRTH
IN CASE OF EMERGENCY, NOTIFY:	EMERGENCY CONTACT PHONE NUMBERS: CELL: () _____ HOME: () _____ WORK: () _____ OTHER:

COMPLETION OF THE FOLLOWING INFORMATION IS STRICTLY VOLUNTARY

MEDICAL INFORMATION

PHYSICIAN'S NAME	TELEPHONE NUMBER
ADDRESS	

List of Allergies to Medications, (If any):

**HEALTH CONDITIONS THAT MAY BE OF USE TO MEDICAL TECHNICIANS IN CASE OF
EMERGENCY (I.E. EPILEPSY, HEALTH DISEASE, DIABETES):**

SIGNATURE	DATE
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