

Emergency Contact Information Sheet



Avenue HomeCare, Inc. is required to keep on file for each employee the name of a relative/neighbor/friend who may be contacted in case you experience an emergency situation while at work.

Please complete the form below with pertinent information about you and your emergency contacts.

Employee Name:	
Home Telephone Number:	
Cell Phone Number:	
<i>Any Medication and/or Food ALLERGIES:</i>	

Emergency Contact #1			
Name:		Relationship:	
Address			
Day/Work Phone:		Night/Home Phone:	

Emergency Contact #2			
Name:		Relationship:	
Address			
Day/Work Phone:		Night/Home Phone:	