



child development services

Emergency Employee Information

EMPLOYEE NAME: _____ TODAY'S DATE: ___/___/___

EMPLOYEE ADDRESS: _____

HOME PHONE: _____ MSG PHONE: _____ WORK PHONE: _____

CDS WORK SITE / LOCATION: _____

SEX (M/F): _____ DATE OF BIRTH: ___/___/___

ALLERGIES: _____

OTHER INFORMATION: _____

***** **IN CASE OF EMERGENCY** *****

PLEASE CONTACT:

1.) _____ Relationship _____

Phone: _____

2.) _____ Relationship _____

Phone: _____

Physician: _____ Phone: _____

Preferred Hospital: _____ Phone: _____