

ARCHDIOCESE OF INDIANAPOLIS
EMPLOYEE EMERGENCY NOTIFICATION

STAFF MEMBER: _____ DATE: _____

SCHOOL/PARISH/AGENCY: _____

PERSON TO NOTIFY IN CASE OF EMERGENCY: (PLEASE LIST 3 CONTACTS)

NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

PHONE: HOME: _____ WORK: _____

BACK-UP CONTACTS

NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

PHONE: HOME: _____ WORK: _____

NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

PHONE: HOME: _____ WORK: _____

HOSPITAL PREFERENCE: _____

PHYSICIAN: _____

PHYSICIAN'S PHONE NUMBER: _____