

# CREATIVE ARTS WORKSHOP

80 Audubon Street. New Haven, CT 06510

## Emergency Contact Form

<b>Employee Name</b>	_____	<b>Address</b>	_____
<b>Phone Number</b>	_____		_____

### Special Instructions:

In the event of a medical emergency, are there any emergency procedures or restrictions on medications of which emergency personnel should be aware? If yes, please explain.

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### Emergency Contacts:

<b>Primary Contact in case of emergency:</b>			
Name	_____	Relationship	_____
Address	_____	Phone Number	_____
	_____	Alternate Phone Number	_____
<b>Secondary Contact in case of emergency:</b>			
Name	_____	Relationship	_____
Address	_____	Phone Number	_____
	_____	Alternate Phone Number	_____

## Physician Contact

Doctor's Name \_\_\_\_\_

Address \_\_\_\_\_

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

\_\_\_\_\_

### Employee Authorization

I have voluntarily provided the above contact information and authorize Creative Arts Workshop and its representatives to contact any of the above individuals on my behalf in the event of an emergency.

\_\_\_\_\_  
*Employee signature*

\_\_\_\_\_  
*Date*