Employee Emergency Notification Form

Employee Name: _____

In the event of an emergency, I authorize a representative of Madison County, Iowa, to notify the following persons:

Name:

_____

Address:

_____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Relationship to Employee:

_____

****

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Relationship to Employee: _____

Medical Information: (Optional)

Doctor: _____ Phone: _____

Hospital Preference: _____

I understand and agree that Madison County will have no obligation or liability to notify such persons.

_____

Signed By Dated Printed Name