

**GOODMAN COMMUNITY CENTER**  
**EMERGENCY CONTACT INFORMATION**

Name of employee or volunteer: \_\_\_\_\_

**Name of next of kin to contact in case of emergency:**

First Contact: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship \_\_\_\_\_ Telephone: \_\_\_\_\_ Alternate: \_\_\_\_\_

Second contact: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship \_\_\_\_\_ Telephone: \_\_\_\_\_ Alternate: \_\_\_\_\_

Physician to contact in case of emergency: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Hospital Preference in case of emergency: \_\_\_\_\_

**Special emergency medical information:** This portion of the form should be completed if there are any special circumstances or medical information which may affect treatment or which presents special health risks in the event of an emergency. This information may include any heart condition, allergies to medication, medications being taken etc.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify that all information on this form is provided voluntarily.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

9/2/08