



## ***Currituck County Emergency Contact Form***

Employee Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Telephone \_\_\_\_\_

Employee **Mailing** Address \_\_\_\_\_ City \_\_\_\_\_ State & Zip \_\_\_\_\_

Employee **Physical** Address \_\_\_\_\_ City \_\_\_\_\_ State & Zip \_\_\_\_\_

### ***Contact Information***

**#1) Contact:** (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Home or Work Phone # \_\_\_\_\_

**#2) Contact:** (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Relationship \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Home or Work Phone # \_\_\_\_\_

Your Doctor or Facility \_\_\_\_\_ Telephone Number \_\_\_\_\_

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