

Employee Emergency Contact
 Harrisonburg Rockingham Free Clinic

Employee Name: _____

Date: _____

In the event of an emergency you have my permission to contact the following people.
 The form will be filed with the Employee Personnel File

Contact #1	Contact#2	Contact #3(optional)
Name:	Name:	Name:
Telephone#:	Telephone#:	Telephone#:
Relationship:	Relationship:	Relationship:

Signature: _____

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