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TRAVEL NURSE RESOURCE

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EMERGENCY CONTACT INFORMATION

Employee Information

Employee Name _____

Address _____

City, State, Zip _____

Home Phone Number _____ Cell Phone Number _____

In Case of Emergency Please Contact

Name _____

Relationship (Spouse/Child/Parent) _____

Address _____

City, State, Zip _____

Home Phone Number _____ Cell Phone Number _____

I, _____ (print employee name)
hereby authorize Critical Options (employer) to contact the above named person in case
of emergency.

Signature _____ Date _____

Accounting Use Only: Please file this completed form in the appropriate employee master file.