

**STAFF EMERGENCY CONTACT INFORMATION**

It is advisable to have an emergency telephone number where your wife, husband or some other relative might be contacted in the event of your illness or an accident. If you would like to provide such information, please complete the attached form and return it to Omni Profit.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

***In the event of illness or accident please contact:***

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company/Employer: \_\_\_\_\_ Home: # \_\_\_\_\_  
Cell #: \_\_\_\_\_

Work Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company/Employer: \_\_\_\_\_ Home: # \_\_\_\_\_  
Cell #: \_\_\_\_\_

Work Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company/Employer: \_\_\_\_\_ Home: # \_\_\_\_\_  
Cell #: \_\_\_\_\_

Work Number: \_\_\_\_\_

***Any medical information that may be useful at the time of an emergency, that you wish to provide:***

Medication Taken: \_\_\_\_\_ Conditions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_