Red Envelope

EMPLOYEE EMERGENCY INFORMATION

This form is to be completed on a voluntary basis, placed in a provided **Red Envelope** with copies of documents and sealed by the employee. Completion will provide Emergency Medical Services (EMS) personnel with basic contact and medical information in the event of an employee emergency. Employees are encouraged to complete the form with as much information as they feel comfortable submitting. Place the **Red Envelope** in a conspicuous area within your cubicle, office, or worksite where it can be found easily, in case of a medical emergency.

Name	Date
Home Address	
Home Phone	Alternative Phone

MEDICAL INFORMATION

Healthcare Insurance Carrier	
Doctor's Name	Phone
Specialist's Name	Phone
Preferred Hospital	Phone

KNOWN ALLERGIES

Please indicate any allergies, such as: food, insect bites, adhesive, medicines, etc.

OTHER INFORMATION A MEDICAL PROFESSIONAL SHOULD KNOW

Please provide any information that will help a medical professional provide aid, such as but not limited to: medications being taken and for what, health conditions, previous surgeries, eye contacts, dentures, partials, hearing loss, hearing aids, pacemakers, etc.

EMERGENCY CONTACT INFORMATION

Name	Home Phone
Relationship	Alternative Phone
Employer	Work Phone

Name	Home Phone
Relationship	Alternative Phone
Employer	Work Phone

DOCUMENTS INCLUDED

Please indicate what documents you have voluntarily included with this form.

- ☐ Copy of Health/Insurance Card
- ☐ Copy of Prescription Card
- ☐ Copy of Driver's License
- ☐ Copy of Living Will
- ☐ Copy of Medical Power of Attorney
- ☐ Other documents:
  _____
  _____
  _____
  _____

Employee Signature_____

Date_____