

**TOWN OF GLASTONBURY
PARKS AND RECREATION DEPARTMENT**

EMERGENCY CONTACT FORM

There may be an occasion when it is necessary for someone from the Parks and Recreation Department to call an emergency contact person in case of an accidental injury, etc. Please complete the form below so we may have this important contact information available for our records.

EMPLOYEE INFORMATION

EMPLOYEE NAME: _____

EMPLOYEE ADDRESS: _____

HOME TELEPHONE NUMBER: _____ CELL NUMBER: _____

ALLERGIES/MEDICATIONS: _____

EMERGENCY CONTACT INFORMATION

EMERGENCY CONTACT PERSON: **(1)** _____

RELATIONSHIP TO EMPLOYEE: _____

EMERGENCY CONTACT ADDRESS: _____

EMERGENCY CONTACT TELEPHONE NUMBERS: Home: _____

Work: _____

Cell: _____

EMERGENCY CONTACT PERSON: **(2)** _____

RELATIONSHIP TO EMPLOYEE: _____

EMERGENCY CONTACT ADDRESS: _____

EMERGENCY CONTACT TELEPHONE NUMBERS: Home: _____

Work: _____

Cell: _____