

ARCHDIOCESE OF INDIANAPOLIS  
EMPLOYEE EMERGENCY NOTIFICATION

STAFF MEMBER: \_\_\_\_\_ DATE: \_\_\_\_\_

SCHOOL/PARISH/AGENCY: \_\_\_\_\_

PERSON TO NOTIFY IN CASE OF EMERGENCY: (PLEASE LIST 3 CONTACTS)

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

BACK-UP CONTACTS

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

HOSPITAL PREFERENCE: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_

PHYSICIAN'S PHONE NUMBER: \_\_\_\_\_