

**ROUNDTOP MOUNTAIN RESORT
EMPLOYEE EMERGENCY INFORMATION**

Please print

EMPLOYEE NAME _____ **DEPT** _____

CURRENT ADDRESS _____

HOME PHONE # _____ **WORK PHONE #** _____ **CELL PHONE #** _____

E-MAIL ADDRESS _____

EMERGENCY CONTACTS:

NAME _____	DAY PHONE# _____
RELATIONSHIP	NIGHT PHONE#
NAME _____	DAY PHONE# _____
RELATIONSHIP	NIGHT PHONE#

OPTIONAL:

HEALTH INFORMATION (allergies, diabetic, epilepsy, heart condition, etc.)

MEDICAL INSTRUCTIONS FOR EMERGENCIES:
