

Emergency Notification Form

IN CASE OF AN EMERGENCY OR ACCIDENT, LINCOLN TRAIL DISTRICT HEALTH DEPARTMENT SHOULD CONTACT THE FOLLOWING:

Name: _____
(relationship)

Address: _____

City/State/Zip: _____

Cell Phone Number: _____

Work Phone Number: _____

Home Phone Number: _____

OR

Name: _____
(relationship)

Address: _____

City/State/Zip: _____

Cell Phone Number: _____

Work Phone Number: _____

Home Phone Number: _____

Employee Printed Name

Employee Signature (date)