

**United Way of Berks County
Emergency Contact Form**

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Personal Email: _____

Contact #1 – Name/Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Work Email: _____

Personal Email: _____

Contact #2 – Name/Relationship: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Work Email: _____

Personal Email: _____

Medical Information – answering the following questions is encouraged but optional

Primary Physician: _____

Phone: _____

Other Physician: _____

Phone: _____

Drug Allergies: _____

Current Prescription Medications: _____

Yes No **If there is a medical emergency while I am at work I want United Way of Berks County to contact my Physician.**

Hospital Preference: _____ Ambulance Preference: _____