



Vital Health Staffing LLC
4141 38th St S Ste 2D, Fargo, ND 58104
Phone: 701-356-1653 | Email: info@vitalhealthstaffing.us

Emergency Contact Form

Employee Name (Print): _____ Date : _____

Primary Emergency Contact

NAME:		Relationship:
Cell #	Home #	Work #
Address:		

Secondary Emergency Contact (optional)

NAME:		Relationship:
Cell #	Home #	Work #
Address:		

Preferred Local Hospital/Clinic Name: _____

- Address: _____

Insurance Company Name: _____ Policy Number: _____

Comments

Please include any special medical or personal information you would want an emergency care provider to know, or special contact instructions below:

Employee Authorization

I authorize Vital Health Staffing to contact the individual(s) listed above in case of emergency. I understand that it is my responsibility to notify Vital Health Staffing if this information changes.

Employee Signature: _____ Date: _____