

Virginia Interagency Coordination Center

AD Casual Hire Emergency Contact Information

Casual Hire Information:

Name _____

Cell Phone # _____ Work Phone # _____

Physical Address _____

Email Address _____

1st Emergency Contact

Name _____ Relationship _____

Cell Phone # _____ Work Phone # _____

Physical Address _____

Email Address _____

2nd Emergency Contact

Name _____ Relationship _____

Cell Phone # _____ Work Phone # _____

Physical Address _____

Email Address _____

Any special instructions when communicating with your chosen emergency contacts.

In case of emergency list any information you would like us to pass along to emergency personnel to assist with your care. Example: any medications you are allergic to, other allergies or medical conditions.

COMPLETELY OPTIONAL! DO NOT FEEL OBLIGATED TO ANSWER!
