

PRODESSE PROPERTY GROUP EMERGENCY CONTACTS FORM

EMPLOYEE NAME:	
SPOUSE NAME:	
CURRENT ADDRESS:	
HOME TELEPHONE #:	OFFICE TELEPHONE #:
EMERGENCY CONTACT - LOCAL:	
	NAME:
	ADDRESS:
	PHONE #:
EMERGENCY CONTACT – OUT OF TOWN:	
	NAME:
	ADDRESS:
	PHONE #:
MEDICAL DOCTOR:	
	NAME:
	PHONE #:

In the event of an emergency, I hereby authorize Prodesse Property Group to contact any of the persons listed on this form. Furthermore, in the event of a medical emergency, if none of the emergency contacts are immediately available, I authorize Prodesse Property Group to contact the doctor listed above.

Employee Signature

Date