



# Kidz Care Academy

## In Case of Emergency

In order to ensure that this important information is maintained in your personnel file, Please complete the following:

Employee Name: \_\_\_\_\_

In case of Emergency, please Notify: \_\_\_\_\_

Relationship:

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

As of (date) \_\_\_\_\_