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## Emergency Contact & Medical Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### *Emergency Contact 1*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Postal/Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Alternative Phone: \_\_\_\_\_

### *Emergency Contact 2*

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Postal/Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Alternative Phone: \_\_\_\_\_

*Medical Information*

Insurance Company: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Special Health Considerations/Other: \_\_\_\_\_

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