

**Town of Shapleigh**  
**Emergency Contact Form**  
**2023**

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

**Emergency Contact Name:** \_\_\_\_\_

**Emergency Contact Phone #:** \_\_\_\_\_

**Emergency Contact Address:** \_\_\_\_\_

**Medical Background**

*This section is Optional:*

**Allergies:** \_\_\_\_\_

**Primary Care Physician:** \_\_\_\_\_

**Medications:** \_\_\_\_\_