

Legislative Council and Michigan State Capitol Commission
Emergency Contact and Medical Information

Personal Information

Full Name: _____

Division | Agency _____

List any special medical conditions or personal information you would want an emergency care provider to know if you are unable to tell them yourself:

In Case of Emergency, the following should be contacted:

1. First person to be contacted:

_____ Relationship to you: _____
Name

Address

City/State/Zip

Home Telephone # _____ Work Telephone # _____

Cell Phone # _____

2. If first person is unavailable, contact:

_____ Relationship to you: _____
Name

Address

City/State/Zip

Home Telephone # _____ Work Telephone # _____

Cell Phone # _____

*List any additional contacts on a separate sheet of paper.

*Please notify the LSB Human Resources Office whenever there is a change in emergency contact information (phone numbers, names, etc.). Also update the information online on your self-service account at www.michigan.gov/selfserv under the *Personal Information* heading.

I have voluntarily provided the above contact information and authorize the Legislative Council and its representatives to contact any of the above on my behalf in the event of an emergency. I understand that this information will be kept confidential.

Employee Signature _____ Date _____