



**Pruitt Production Services, Inc.
Employee Emergency
Contact Information Form**

Employee Name:

(Last Name)

(First Name)

Primary Emergency Contact Information

(Last Name)

(First Name)

Street Address

City

State

Zip Code

Phone

Phone

Relationship to Employee

Secondary Emergency Contact Information

(Last Name)

(First Name)

Street Address

City

State

Zip Code

Phone

Phone

Relationship to Employee

Medical Contact Information

Doctor/Clinic Name:

Phone:

In case of an emergency, I grant Pruitt Production Services, Inc. and its representatives permission for my information to be released for emergency purposes. I also agree that any of my emergency contacts listed on this form may be notified and informed of my medical condition in an emergency, or as needed.

Employee Signature

Effective Date