



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

## Metropolitan YMCA of the Oranges EMERGENCY CONTACT FORM

**(PRIMARY AND SECONDARY EMERGENCY CONTACTS MUST BE COMPLETED BY EMPLOYEE)**

**Primary Contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. # (if applicable) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: Work \_\_\_\_\_ Cell \_\_\_\_\_ Home \_\_\_\_\_

**Secondary Contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Street Address \_\_\_\_\_ Apt. # (if applicable) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: Work \_\_\_\_\_ Cell \_\_\_\_\_ Home \_\_\_\_\_

In Case of an Emergency: Doctor \_\_\_\_\_ Phone \_\_\_\_\_