

Rehabilitation Associates, Inc.

● 2900 Main Street
Stratford, CT 06614
(203) 378-0092
(203) 375-4540 FAX

● 555 Bridgeport Avenue
Shelton, CT 06484
(203) 922-1773
(203) 924-2334 FAX

● 1931 Black Rock Turnpike
Fairfield, CT 06825
(203) 384-8681
(203) 384-0722 FAX

● 680 Boston Post Road
Milford, CT 06460
(203) 783-1997
(203) 783-3997 FAX

● 728 Post Road East
Westport, CT 06880
(203) 341-0488
(203) 227-8809 FAX

EMERGENCY CONTACT FORM

Employee: _____

Title/Discipline: _____

Home Address: _____

Phone #: _____

Primary person to be notified in case of an accident or emergency:

Name: _____ Relationship: _____

Home Address: _____

Home Telephone # _____ Cell # _____

Work Telephone # _____

Secondary person to be notified in case of an accident or emergency:

Name: _____ Relationship: _____

Home Address: _____

Home Telephone # _____ Cell # _____

Work Telephone # _____

Medical Information:

Primary Doctor: _____ Phone #: _____

Allergies: _____

I have voluntarily provided the above contact information and authorize Rehabilitation Associates, Inc. and its representatives to contact any of the above on my behalf in the event of an emergency.

Employee Signature: _____ Date: _____

Please notify the Human Resources Department of any updates or changes to this form.