



## CONSULTANT EMERGENCY NOTIFICATION FORM

**NOTE: Please fill out this form with all boxes completed. This form must be sent to PsiNapse Staffing during your first contract week. Fax number is 925.225.0600.**

Name: \_\_\_\_\_ Work Location: \_\_\_\_\_

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

### Emergency Notifications:

List Information below regarding persons whom you wish to be notified in event of injury, illness or emergency:

A. \_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone # Day                      Phone # Night

B. \_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Phone # Day                      Phone # Night

You are responsible for informing persons at your work site if you have a medical condition that may require immediate first aid. Medical information is confidential. It is your decision and responsibility to inform others if you believe it necessary for your health and safety while at work.

Contractor agrees that this form will be provided to the client for Emergency Notification purposes only.

\_\_\_\_\_  
Consultant Signature

\_\_\_\_\_  
Date

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