

Town of Milton, Vermont
EMERGENCY CONTACT INFORMATION SHEET

Name: _____
(First) (Middle) (Last)

Birth Date: _____

Address: _____

City/Town/State/Zip Code: _____

Telephone: _____ Cell Phone: _____

E-Mail Address: _____

Town Department Name: _____

Job Title _____

Emergency Contact Information (Please provide us with two (2) contacts)

➤ Name: _____

Relationship: _____

Telephone/Cell Phone Numbers: _____

Address: _____

City/Town: _____

➤ Name: _____

Relationship: _____

Telephone/Cell Phone Numbers: _____

Address: _____

City/Town: _____

Other Information (Please list any information that maybe helpful, such as known allergies etc.)

Preferred Hospital _____

Date Completed: _____