

ANTENNA PRODUCTS CORPORATION

DATE: _____/_____/_____

EMPLOYEE NAME: _____

IN THE EVENT OF AN EMERGENCY, I THE UNDERSIGNED EMPLOYEE, AUTHORIZE ANTENNA PRODUCTS CORPORATION (APC) TO NOTIFY THE FOLLOWING PERSON:

1) NAME: _____

RELATIONSHIP: _____

ADDRESS: _____

PHONE: HOME _____

WORK _____

IN THE EVENT APC IS UNABLE TO NOTIFY SUCH PERSON, APC IS AUTHORIZED TO NOTIFY:

2) NAME: _____

RELATIONSHIP _____

ADDRESS: _____

PHONE: HOME _____

WORK _____

If there is medical information that you feel would be beneficial for either the First Aid Team or emergency medical personnel to know, such as allergies to medications, asthma, heart condition, diabetes, etc., please provide the information in the space provided below. It is not mandatory to disclose this information, however the information could be very crucial in providing appropriate medical treatment in the event of an emergency (this information is not part of the personnel file and will remain strictly confidential).

