

Staff Name (last, first, middle)	Staff date of birth (mm/dd/yy)
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In the event that the above named employee is involved in an emergency while at work, please contact the following person(s) as soon as possible.

Contact Name	Phone Number	Relationship
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I give permission for CBI Greystoke Home Health to contact the above people.

Signature:	Date (mm/dd/yy)
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