OKLAHOMA CONSERVATION COMMISSION

IN CASE OF EMERGENCY INFO SHEET

Employee Name: _____

Date of birth: _____

Doctor's name: _____ Doctor's phone: _____

Hospital preference: _____

Emergency Contact Information

Primary contact:

Name: _____ Phone: _____

Secondary contact:

Name: _____ Phone: _____

Important Medical Information

Medical history: ☐ Heart Attack ☐ Diabetes ☐ Stroke ☐ Asthma ☐ High Blood Pressure

☐ Other (Please specify)

Blood type: _____

Allergies to medications: _____

Other allergies: _____

Please list or attach all medications that you are currently taking and any special instructions regarding these medications: