EMERGENCY AND MEDICAL INFORMATION
(to be retained in the Chief Judge's office)

Phone (H) _____

Name: _____ Phone (W) _____

Home Address: _____

City _____ State _____ Zip Code_____

Date of Birth _____ Date of Employment _____

In Case of Emergency, Notify:

Name	Relationship	Phone #	2nd Phone #

Family Physician(s) _____ Phone _____

Preferred Hospital, if any _____

Serious Medical or Food Allergies_____

Additional Medical Instructions or Information (optional):

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