**MARYLAND DEPARTMENT OF HEALTH**

**EMERGENCY CONTACT FORM**

W# or SSN#:

NAME:

 **Last First Middle**

HOME ADDRESS:

 **Street/Apt.# City/State Zip Code**

HOME PHONE: CELL PHONE:

OFFICE PHONE:

ASSIGNMENT WITHIN MDH:

 **Program Division**

IN CASE OF EMERGENCY NOTIFY:

RELATIONSHIP:

ADDRESS:

 **Street/Apt. # City/State Zip Code**

TELEPHONE NUMBER(S):

 **Home Cell**

**MDH 1491**

**Revised 5/2018**