



Olathe Health Emergency Contact Form

Olathe Health maintains contact information for individuals close to the associate for use in emergency circumstances.

Submission of this information is voluntary. This information is retained confidentially in Human Resources.

Your Name (print): _____

Name of Emergency Contact: _____

Relationship of Contact: _____

Contact Phone Number: _____

Name of Emergency Contact: _____

Relationship of Contact: _____

Contact Phone Number: _____