

**Emergency Care Form**

**Employee or Independent Contractor Name Tel #**

**Address Cell #**

**City State Zip Code**

**Email**

**In case of Emergency who should SourceWave notify?**

**Contact #1**

**Name Relationship**

**Address**

**City State Zip Code**

**Telephone Number Alternate Number**

**Email**

**Contact #2**

**Name Relationship**

**Address**

**City State Zip Code**

**Telephone Number Alternate Number**

**Email**

In case of Emergency, and in the event that the above contacts are not available,

I delegate authority and give my consent to **SourceWave, Inc.** to arrange any necessary Emergency medical care.

This release is effective immediately.

**Employee or Independent Contractor Signature Date**