

Medical Emergency Contact Details

To whom it may concern,

In case of a medical emergency, please contact the following individuals:

- **Name:** John Doe
- **Relationship:** Emergency Contact
- **Phone Number:** (555) 123-4567

- **Name:** Jane Smith
- **Relationship:** Spouse
- **Phone Number:** (555) 987-6543

Additionally, please note the nearest medical facility:

- **Facility Name:** City Hospital
- **Address:** 123 Health St, Wellness City
- **Phone Number:** (555) 654-3210

Thank you for ensuring a safe workplace.

Sincerely,

[Your Name]

[Your Position]

[Your Contact Information]