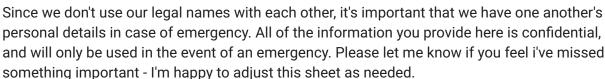
S'workerz Emergency Contacts 🕆



* Indicates required question

How does this work?

- 1. Answer the following questions **to the best of your ability**, either by printing this sheet or by signing online using a service like <u>dochub</u>
- 2. Give your completed copy of this form to a small group of trusted colleagues.
- 3. Share this form among your trusted local sex work community so that in the event of an emergency your colleagues can act quickly to support you in whichever way is necessary.
- 4. Download another blank copy of this form at https://goaskalexonline.com/sworkers-emergency-contacts/
- 5. Share with anyone you think may benefit from an Emergency Contact form like this one

1.	What is your performer name (what name do you use for work)? *
2.	What is your phone number? *
3.	What is your home address ? (including street address, suite number, city, postal * code)
4.	If you work out of a club , studio , or in-call , please provide the address and/or contact information of additional staff member(s).

5.	If you work another job outside of the sex industry , please provide the name/phone number of the business so that your employer can be contacted if you will be unable to make your regularly scheduled shifts. *If you attend regularly scheduled volunteer shifts, please provide the same information as above.
	*Please indicate whether or not your employer knows that you work in the sex trade industry, and which name we should use to refer to you.
6.	What is your legal name *
7.	Please list any other names or nicknames that could be helpful to know in an emergency
8.	What is your birth date ? (day/month/year) *
9.	Please list all of your regularly taken medications.
	Include the name , dosage , and the frequency with which your medication is taken (<i>daily, twice daily, as needed, etc</i>).

10.	Please list any ongoing medical condition(s) or medical devices that you use, as well as any additional information that would be important for a medical practitioner to know in an emergency setting (include mental health conditions).
11.	What is your blood type ? *
12.	Do you have any <u>medication</u> allergies? If yes, please list the medications you are allergic to and what reaction you have to them.
13.	Do you have any non-medication allergies ? If yes, please list your allergies and what reaction(s) you have.

first and last name, relationship to you, and phone number)
In case the emergency contact listed above is unavailable, please provide a
alternative
In case you are arrested , who would you like contacted? (please provide the
first and last name, relationship to you, and phone number)

-	
	In case you are inebriated , who would you like contacted? (please provide th
-	In case the emergency contact listed above is unavailable, please provide ar

20.	if you have a panic attack , what is the best way to support you?
	Would you like someone to contact a support person? If so, who would you like contacted? (please provide their contact details).
	If not, what are some other ways you can best be supported?
21.	If you have roommates , please provide the name and number of at least one.
22.	In the unlikely event of your death, please list the first and second person who * should be notified as well as any other instructions you wish to include.

23.	In the unlikely event of your death, is there anything in your home that you would like removed or hidden as soon as possible. If so, what would you like removed and where can it be found? What would you like done with it?
24.	Please list all of your pets (name, species). Do they have allergies? Do they take any regular medications? Is there anything aside from basic necessities is vital to their survival?

25.	If you are incapacitated (in hospital, unconscious, arrested, etc), who will take care of your pet(s)? Please provide their contact information.
	If your answer changes depending on the scenario (short term/long term) please provide these details .
	Please list an alternative contact in case the first is unavailable.
26.	Please provide your parent(s) or sibling(s) contact information (name(s),
20.	address, phone number). If someone other than your immediate family is not your next of kin, please provide their details instead.
27.	If you have a significant other please provide your partner(s) contact information (name(s), address, phone number)

28.	If you are comfortable, please provide the make and model of your vehicle and/or license plate*.
	*This information could be used to help locate you in the event that your whereabouts are unknown for a period of time.
29.	Would you like a copy of your answers emailed to you
	Mark only one oval.
	yes
	No
30.	Are you ok with this information being shared within your local sex work community* (those who have also filled out this form)
	It is <u>all of our</u> responsibility to safeguard each other's Emergency Contact
	information in the same way that we do with all personal information.
	As always, be cautious when sharing your personal information. Only share your completed form with those who you know personally and trust completely.
	Mark only one oval.
	Yes

Google Forms