

S'workerz Emergency Contacts

Since we don't use our legal names with each other, it's important that we have one another's personal details in case of emergency. All of the information you provide here is confidential, and will only be used in the event of an emergency. Please let me know if you feel i've missed something important - I'm happy to adjust this sheet as needed.

* 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 [dochub](#)
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/swokers-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 (*daily, twice daily, as needed, etc*).

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 **medication 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.

14. In case of a **medical emergency** who should we contact? (please provide their first and last name, relationship to you, and phone number) *

15. In case the emergency contact listed above is unavailable, **please provide an alternative**

16. In case you are **arrested**, who would you like contacted? (please provide their first and last name, relationship to you, and phone number) *

17. In case the emergency contact listed above is unavailable, **please provide an alternative**

18. In case you are **inebriated**, who would you like contacted? (please provide their ***** first and last name, relationship to you, and phone number)

19. In case the emergency contact listed above is unavailable, **please provide an alternative**

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), 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 all of our 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

