

EMPLOYEE EMERGENCY CONTACT FORM

Name _____

Department _____

Personal Contact Info

Home Address _____

City, State, Zip _____

Home Telephone # _____ Cell # _____

Emergency Contact Info

(1) Name _____ Relationship _____

Address _____

City, State, Zip _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Employer _____

(2) Name _____ Relationship _____

Address _____

City, State, Zip _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Employer _____

Medical Contact Info

Doctor Name _____ Phone # _____

Dentist Name _____ Phone # _____

I have voluntarily provided the above contact info and authorize _____ and its representatives to contact any of the above on my behalf in the event of an emergency.

Employee Signature _____ Date _____