

# 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 information and authorize \_\_\_\_\_ and its representatives to contact any of the above on my behalf in the event of an emergency.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_