

EMERGENCY CONTACT FORM

Employee Name	Email Address
Address (Street Address, City, State, ZIP Code)	
Home Phone Number	Cell Phone Number

In the event of an emergency, please list the names and telephone numbers of two individuals you would like us to contact:

FIRST EMERGENCY CONTACT

First Emergency Contact Name	Email Address
Address (Street Address, City, State, ZIP Code)	
Work Phone Number	Cell Phone Number

SECOND EMERGENCY CONTACT

Second Emergency Contact Name	Email Address
Address (Street Address, City, State, ZIP Code)	
Work Phone Number	Cell Phone Number

Do you give us permission to transport you to the nearest medical facility should you incur serious illness or injury during normal work hours?

- Yes
 No

If yes, please indicate the name and contact telephone number of the physician or health care provider that you would like for us to contact:

Name	Email Address
Address (Street Address, City, State, ZIP Code)	
Work Phone Number	Cell Phone Number

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