

EMPLOYEE EMERGENCY CONTACT FORM

Name: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Home Phone #: _____ Cell Phone #: _____
E-Mail Address: _____

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

EMERGENCY CONTACT 1

Name: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Work Phone #: _____ Cell Phone #: _____

EMERGENCY CONTACT 2

Name: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Work Phone #: _____ Cell Phone #: _____

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: _____
Home Address: _____
City: _____ State: _____ Zip: _____
Work Phone #: _____ Cell Phone #: _____