

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 _____