EMPLOYEE EMERGENCY CONTACT FORM

Employee Name: [EMPLOYEE NAME] Department: [DEPARTMENT NAME]

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| **EMPLOYEE INFORMATION** |

Address: [EMPLOYEE ADDRESS]

Home Telephone #: [HOME PHONE #] Cell #: [CELL PHONE #]

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| **EMERGENCY CONTACT INFORMATION** |

Contact Name: [CONTACT NAME] Relationship: [CONTACT RELATIONSHIP]

Address: [CONTACT ADDRESS]

Home Telephone #: [HOME PHONE #] Cell #: [CELL PHONE #]

Work Telephone #: [WORK PHONE #] Employer: [CONTACT EMPLOYER]

Contact Name: [CONTACT NAME] Relationship: [CONTACT RELATIONSHIP]

Address: [CONTACT ADDRESS]

Home Telephone #: [HOME PHONE #] Cell #: [CELL PHONE #]

Work Telephone #: [WORK PHONE #] Employer: [CONTACT EMPLOYER]

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| **MEDICAL CONTACT INFORMATION** |

Doctor Name: [DOCTOR NAME] Phone #: [DOCTOR PHONE #]

Dentist Name: [DENTIST NAME] Phone #: [DENTIST PHONE #]

 I have voluntarily provided the above contact information and authorize [EMPLOYER NAME] and its representatives to contact any of the above on my behalf in the event of an emergency.

Employee Signature: Date:

Print Name: [EMPLOYEE NAME]

