

# EMPLOYEE EMERGENCY CONTACT FORM

Employee Name: \_\_\_\_\_ Department: \_\_\_\_\_

## EMPLOYEE INFORMATION

Address: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Work Telephone #: \_\_\_\_\_ Employer: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Work Telephone #: \_\_\_\_\_ Employer: \_\_\_\_\_

## MEDICAL CONTACT INFORMATION

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: \_\_\_\_\_

Print Name: \_\_\_\_\_