



EMERGENCY CONTACT FORM

EMPLOYEE INFORMATION:

NAME: _____

HOME ADDRESS: _____

CITY: _____

STATE: _____

PHONE NUMBERS:

HOME: _____

CELLULAR: _____

Please contact the following in the event of an emergency:

PRIMARY CONTACT: _____

RELATIONSHIP: _____

ADDRESS: _____

PHONE: WORK _____ CELL _____ HOME _____

SECONDARY CONTACT: _____

RELATIONSHIP: _____

ADDRESS: _____

PHONE: WORK _____ CELL _____ HOME _____

SIGNATURE: _____ DATE: _____

The Emergency Contact Form is maintained in the employee's official personnel file. Employees are responsible for updating their emergency contact information.

For Emergency Use Only