



EMPLOYEE EMERGENCY CONTACT FORM

Name: _____

Department _____

Personal Contact Info:

Home Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Email Address _____

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 # _____

Known Allergies _____ Preferred Hospital _____

☐ I have voluntarily provided the above contact information and authorize the elected official over my office and their representatives to contact any of the above on my behalf in the event of an emergency.

Employee Signature _____ **Date** _____