

EMPLOYEE EMERGENCY CONTACT FORM

Name _____

Personal Contact Info:

Home Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Emergency Contact Info:

(1) Name _____ Relationship _____

Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

(2) Name _____ Relationship _____

Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Medical Contact Info:

Doctor Name _____ Phone # _____

Dentist Name _____ Phone # _____

Major Medical Conditions _____

Allergies _____

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** _____