



EMPLOYEE EMERGENCY CONTACT FORM

Employee's Name _____

Department _____

Personal Contact Info:

Home Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Emergency Contact Information (1):

Name _____ Relationship _____

Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Email _____

Emergency Contact Information (2):

Name _____ Relationship _____

Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Email _____

Medical Contact Information:

Doctor _____ Phone # _____

Dentist _____ Phone # _____

Please select and sign form

☐ I have voluntarily provided the above contact information and authorize Caribbean Collectibles Creations and its representatives to contact any of the above on my behalf in the event of an emergency.

☐ I choose not to furnish any emergency contact information to Caribbean Collectibles Creations at this time.

Employee's Signature _____ Date _____

CCC Representative's Signature _____ Date _____