



## Employee Emergency Information Form

Employee Name

Date

Home Address

Mobile Phone

Home Landline

Email Address

### Primary Emergency Contact

Contact Name

Relationship to Employee

Primary Daytime Phone #

Secondary Daytime Phone #

Evening Phone #

Primary Email Address

I authorize KRLC to share medical information related to an emergency, as needed, with my  
Primary Emergency Contact      Yes      No

### Secondary Emergency Contact

Contact Name

Relationship to Employee

Primary Daytime Phone #

Secondary Daytime Phone #

Evening Phone #

Primary Email Address

I authorize KRLC to share medical information related to an emergency, as needed, with my  
Secondary Emergency Contact      Yes      No

### Additional Information (Optional & voluntary)

This information will be shared, as needed, with emergency medical personnel in the event of a medical emergency.

Employee Allergies

Employee Medical Conditions

Employee Medications

Employee Signature

Date