****

**Emergency Contact Form**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employee Information:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | | |  |  | | |  |  | | |
| Last Name |  | First Name | | |  | Primary Phone | | |  | Alternate Phone | | |
|  |  |  | | |  |  | | |  |  | | |
|  | | |  |  | | |  |  | | |  |  |
| Street Address | | |  | City | | |  | State | | |  | Zip Code |
|  |  |  | | |  |  | | |  |  | | |
|  | | | | | | | | |  |  | | |
| Email Address |  |  | | |  |  | | |  |  | | |

**Emergency Contact 1:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | | |  |  | | |  |  | | |
| Last Name |  | First Name | | |  | Primary Phone | | |  | Alternate Phone | | |
|  |  |  | | |  |  | | |  |  | | |
|  | | |  |  | | |  |  | | |  |  |
| Street Address | | |  | City | | |  | State | | |  | Zip Code |
|  |  |  | | |  |  | | |  |  | | |
|  | | | | | | | | |  |  | | |
| Email Address |  |  | | |  |  | | |  |  | | |

**Emergency Contact 2:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  | | |  |  | | |  |  | | |
| Last Name |  | First Name | | |  | Primary Phone | | |  | Alternate Phone | | |
|  |  |  | | |  |  | | |  |  | | |
|  | | |  |  | | |  |  | | |  |  |
| Street Address | | |  | City | | |  | State | | |  | Zip Code |
|  |  |  | | |  |  | | |  |  | | |
|  | | | | | | | | |  |  | | |
| Email Address |  |  | | |  |  | | |  |  | | |