

# SPRINGFIELD COLLEGE

Office of Human Resources

## NOTIFICATION IN CASE OF EMERGENCY

### Employee Information

Name\_\_\_\_\_ Date\_\_\_\_\_

Department\_\_\_\_\_ Work Phone\_\_\_\_\_

Birth Date\_\_\_\_\_ Social Security #\_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Name\_\_\_\_\_

Address\_\_\_\_\_  
(Street) (Town) (State) (Zip)

Telephone (Home)\_\_\_\_\_ (Work)\_\_\_\_\_

Relationship\_\_\_\_\_

Special Instructions (medic alert information, etc.)

\_\_\_\_\_

\_\_\_\_\_

☐ I prefer not to identify and emergency contact.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources Representative

\_\_\_\_\_  
Date