



EMPLOYEE EMERGENCY DATA

This information will be retained in your personnel history file. Home telephone numbers will be shared with all staff unless you wish to restrict your number to your immediate supervisor.

Employee name _____

Home telephone number (_____) _____ () Shared () Restricted to supervisor

In the event of illness or injury whereby I would be unable to communicate, it is my desire that the following named individual(s) be advised of my condition. These individuals will provide any necessary instruction.

CONTACT:

First (if available)

Alternate

Name _____

Name _____

Relationship _____

Relationship _____

Home Address _____

Home Address _____

Work Address _____

Work Address _____

Home Telephone (_____) _____

Home Telephone (_____) _____

Work Telephone (_____) _____

Work Telephone (_____) _____

Hospital Preference _____

Family Doctor _____

Telephone (_____) _____

OPTIONAL INFORMATION:

Medical Information: Blood Type: _____

Allergies: _____

Medications: _____

Please print legibly. Accuracy of the emergency information on file is the sole responsibility of the employee. Please **NOTIFY THE HUMAN RESOURCES OFFICE AS CHANGES OCCUR.**

Employee Signature _____ Date _____