

NORTHWESTERN STATE UNIVERSITY

EMPLOYEE EMERGENCY CONTACT FORM

Please print, if we cannot read the information it does not help in an emergency.

Name _____

Department _____

Personal Contact Info:

Home Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Emergency Contact Info:

(1) Name _____ Relationship _____

Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Employer _____

(2) Name _____ Relationship _____

Address _____

City, State, ZIP _____

Home Telephone # _____ Cell # _____

Work Telephone # _____ Employer _____

Medical Contact Info:

Doctor Name _____ Phone # _____

Doctor Name _____ Phone # _____

Doctor Name _____ Phone # _____

Dentist Name _____ Phone # _____

I have voluntarily provided the above contact information and authorize Northwestern State University and its representatives to contact any of the above on my behalf in the event of an emergency.

- You are responsible for informing persons at your work site if you have a medical condition that may require immediate first aid.
- Medical information is confidential. It is your decision and responsibility to inform others if you believe it necessary for your health and safety while at work.

I choose not to furnish any emergency contact information to Northwestern State at this time.

Employee Signature _____ Date _____