

# James Graham Brown Cancer Center

## Emergency Contact Form

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Please provide contact information for the individual you authorize us to provide necessary personal and/or medical information to **ONLY** in the event of an emergency. If you prefer not to provide this information, please check the appropriate box below. Please return this signed form to the BCC HR Office.

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Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Relationship to Employee: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Other Phone: \_\_\_\_\_ Other Phone Type: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

OR

I choose not to provide any emergency contact information at this time.

I authorize the James Graham Brown Cancer Center to contact the above individual (if one is provided) and to provide any necessary personal and/or medical information in the event of an emergency. I understand that it is my responsibility to provide updated emergency contact information as necessary.

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

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