



## City of Kenai Employee Emergency Contact

This form is used to document individuals who should be contacted in case of a workplace emergency or injury of the undersigned employee.

Employee: \_\_\_\_\_ Department: \_\_\_\_\_

### **Personal Contact Info**

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

City, State, ZIP: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

### **Emergency Contact Info**

(1) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Work Telephone #: \_\_\_\_\_ Employer: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

City, State, ZIP: \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Work Telephone #: \_\_\_\_\_ Employer: \_\_\_\_\_

### **Medical Contact Info**

Doctor Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

- I have voluntarily provided the above contact information and authorize the City of Kenai and its representatives to contact any of the above on my behalf in the event of an emergency.
- I choose not to furnish any emergency contact information to the City of Kenai at this time.

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