

EMPLOYEE EMERGENCY CONTACT INFORMATION

In the event of emergency, we need to know who you would want contacted. Please complete the information below, and forward to the Human Resources Department. **Please remember to update this information as contacts, phone numbers, addresses, etc. change. PLEASE PRINT.** This will be kept in your personnel file. Thank you.

Employee Name: _____

In the event of Emergency, please contact the following (list in order of preference):

1. Name: _____ Relationship to you? _____
* i.e. spouse, parent, sister, friend, etc.
Address: _____
City: _____ State: _____ Zip: _____

Phone numbers (list up to 3 per person):

Area code Phone # Area code Phone #

Area code Phone #

2. Name: _____ Relationship to you? _____
* i.e. spouse, parent, sister, friend, etc.
Address: _____
City: _____ State: _____ Zip: _____

Phone numbers (list up to 3 per person):

Area code Phone # Area code Phone #

Area code Phone #

3. Name: _____ Relationship to you? _____
* i.e. spouse, parent, sister, friend, etc.
Address: _____
City: _____ State: _____ Zip: _____

Phone numbers (list up to 3 per person):

Area code Phone #

Area code Phone #

Area code Phone #

Optional: Are there medications you are allergic to or a medical condition you want to alert us to in the event of an emergency? If yes, you may list them here:
