



EMPLOYEE CONFIDENTIAL EMERGENCY INFORMATION FORM

Employee Name: _____

Home Telephone: _____

Department: _____

Supervisor: _____

In the event of an illness during your work hours, it may be necessary to contact an individual designated by you. Please indicate below names and emergency telephone numbers that should be used for this purpose:

Primary Contact Person: _____

Telephone Number: _____

Alternate Telephone Number: _____

Secondary Contact Person: _____

Telephone Number: _____

Alternate Telephone Number: _____

Voluntary, Confidential, Health Information

In the event that an illness or injury should interfere with your verbal communication, you may wish to list below any pertinent health information that you believe should be communicated to a physician (e.g., blood type, allergic to certain medication, special conditions, etc).

Please print:

1. _____

2. _____

3. _____

Family Doctor: _____

Address: _____

Telephone Number: _____