



**EMPLOYEE EMERGENCY INFORMATION FORM 2013-2014**

**EMPLOYEE INFORMATION:**

\_\_\_\_\_  
Last Name                                      First Name                                      M.I

\_\_\_\_\_  
Address                                      Street                                      City                                      State                                      Zip

Home Tel: \_\_\_\_\_ Cell.: \_\_\_\_\_ Site or Location: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

\_\_\_\_\_  
Spouse's Employer                      Address                                      Street                                      City                                      State                                      Zip

Phone number: (     ) \_\_\_\_\_

**Relative/Friend:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone # (     ) \_\_\_\_\_

Address: \_\_\_\_\_  
   Street                                      City                                      State                                      Zip

**OUT OF STATE EMERGENCY CONTACT INFORMATION:**

NAME	ADDRESS	TELEPHONE	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____

**PHYSICIAN TO BE CALLED IN EMERGENCY:**

NAME: \_\_\_\_\_ TELEPHONE: (     ) \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
   Street                                      City                                      State                                      Zip

If physician cannot be reached, what action should be taken?  
\_\_\_\_\_  
\_\_\_\_\_

Medical Insurance: \_\_\_\_\_ Insurance Number: \_\_\_\_\_

Allergies or Other Medical Limitations: \_\_\_\_\_

Medication currently taking: \_\_\_\_\_

Blood Type (if known): \_\_\_\_\_

*In case of a disaster (e.g. Earthquake) I authorize emergency treatment and measures as are deemed necessary for my safety and protection at the nearest emergency hospital or facility.*

*Note: Job related incidents during non-disaster periods must still be reported and treatment received according to our Workers' compensation guidelines as outlined in the Handbook.*

Signature: \_\_\_\_\_  
   Employee                                      Today's Date

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**FOR PERSONNEL OFFICE USE ONLY**

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- Copy to Payroll Department
- ADP-PayEx Entered