



Town of Barrington
Human Resources Department
Employee Emergency Contact Form
To be completed on the employees first day of employment

Name: _____ **Department:** _____

Personal Contact Information:

Home Telephone # _____ Cell # _____

Emergency Contact Info:

(1) Name _____ Relationship _____

Address _____

Home Phone # _____ Cell Phone # _____

Work Phone # _____ Employer _____

(2) Name _____ Relationship _____

Address _____

Home Phone # _____ Cell Phone # _____

Work Phone # _____ Employer _____

Medical Contact Information (optional):

Doctor Name _____ Phone # _____

Dentist Name _____ Phone # _____

Do you have any life threatening allergies we should know about (peanut butter, bee stings etc.)?

____ I have voluntarily provided the above contact information and authorize the Town of Barrington and its representatives to contact any of the above on my behalf in the event of emergency.

____ I choose not to furnish any emergency contact information to the Town of Barrington at this time.

Employee Signature: _____ Date: _____