

# EMERGENCY CONTACT INFORMATION

---

The information you provide here is confidential and will be used only in the case of an emergency situation occurring while you are on the job. In the event an emergency medical situation occurs while you are at work, the information will help us contact your family and assist medical personnel. This information is filed separate from your personnel file.

## PLEASE PRINT OR TYPE ALL RESPONSES

---

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

## EMERGENCY CONTACTS

---

1. Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

---

List any medical restrictions or impairments which you believe emergency personnel should know in the event of a medical emergency:

\_\_\_\_\_  
\_\_\_\_\_

I understand it is my responsibility to update the information on this form as changes occur.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date