EMPLOYEE EMERGENCY CONTACT INFORMATION RECORD

(To be completed by every employee and kept current)

Name: _____ Date: _____

Employee ID No: _____ Work Location: _____

Home Phone No: _____ Immediate Supervisor Name: _____

Work Phone No: _____ Work Phone No: _____

Personal Cell Phone No: _____ Cell Phone No: _____

PHYSICIAN

Physician's Name: _____

Phone No: _____

OPTIONAL CONTACT INFORMATION

HOSPITAL PREFERENCE

Name: _____

RELIGIOUS CONTACT

Name: _____

Phone No: _____

DOC Staff to Accompany if Employee is Injured

Name: _____

Phone No: _____

EMERGENCY NOTIFICATION(S)

List information below regarding persons whom you wish to be notified in event of injury, illness, or emergency.

A. _____

Name

_____

Address

_____ _____

Phone No. (Day) Phone No. (Night)

Cell Phone No: _____

B. _____

Name

_____

Address

_____ _____

Phone No. (Day) Phone No. (Night)

Cell Phone No: _____

If you have a medical condition that may require immediate first aid, you may choose to provide this information to the appropriate person(s) in your work area. The human resources manager or safety officer in your agency can help you identify and inform the appropriate person(s) about your first aid needs. Medical information is confidential. It is your decision and responsibility to inform others of your medical condition.

_____

Employee Signature Date

IMPORTANT: To change mailing and/or physical addresses or change name, use Address-Name-Phone Change Form, CD940D found on the HR Division Forms website.

Distribution: Supervisor's Working File and Personnel Records