**EMPLOYEE EMERGENCY CONTACT FORM**

Name:

Date:

*Home Information:*

| Home address |  |
| --- | --- |
| Home phone |  |
| Cell phone |  |
| Personal email address |  |

*Primary Emergency Contact*

| Contact name |  |
| --- | --- |
| Relationship to contact |  |
| Home phone |  |
| Work phone |  |
| Cell phone |  |
| Email |  |

Would you like us to share relevant medical information with this person in the event of a medical emergency? Yes / No

*Secondary Emergency Contact*

| Contact name |  |
| --- | --- |
| Relationship to contact |  |
| Home phone |  |
| Work phone |  |
| Cell phone |  |
| Email |  |

Would you like us to share relevant medical information with this person in the event of a medical emergency? Yes / No

*Additional Information (Voluntary)*

| Allergies |  |
| --- | --- |
| Medical alerts |  |