

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	