



EMERGENCY CONTACT FORM

The following information will be used in case you are ever injured or there is an unforeseen act of nature that occurs in your area. We will use this only when necessary and all information will be kept in the HR files for privacy. Please update this as often as you need and return to Human Resources.

EMPLOYEE INFORMATION

Name: _____

Home Address: _____

Phone Numbers: Home _____
 Cell _____

CONTACT IN CASE OF AN EMERGENCY

Doctor: _____

Phone Number: _____

PRIMARY CONTACT:

Name: _____

Relationship: _____

Phone: Work _____

 Cell _____

 Home _____

SECONDARY CONTACT:

Name: _____

Relationship: _____

Phone: Work _____

 Cell _____

 Home _____

Signature: _____ Date: _____