



OREGON DEPARTMENT OF EDUCATION
Public Service Building, 255 Capitol Street NE, Salem, Oregon 97310
Phone (503) 378-3569 • Fax (503) 378-5156 • www.ode.state.or.us

EMPLOYEE EMERGENCY CONTACT FORM

Name _____

Work Unit _____ Work Telephone # _____

Employee Contact Info

Home address _____

City, State, Zip _____

Primary Contact # _____ Secondary Contact # _____

Home Email _____

Emergency Contact Info

(1) Name _____ Relationship _____

Primary Contact # _____ Secondary Contact # _____

(2) Name _____ Relationship _____

Primary Contact # _____ Secondary Contact # _____

This information will be used as part of ODE's Business Continuity Plan and in the event of an emergency.

You are responsible for informing persons at your work site if you have a medical condition that may require immediate first aid. The personnel and/or safety officer in your agency can help you identify and inform these persons of your first aid requirements. Medical information is confidential. It is your decision and responsibility to inform others if you believe it necessary for your health and safety while at work.

I have voluntarily provided the above contact information and authorize the Oregon Department of Education and its representatives to contact any of the above on my behalf in the event of an emergency.

Employee Signature

Date