EMERGENCY CONTACT INFORMATION

The purpose of this form is to gather pertinent information regarding emergency contact name(s) and number(s) that may be used in the event of an emergency situation on campus that renders you unable to communicate with emergency responders. Please complete this information and provide it to your immediate supervisor for internal filing purposes.

NAME:

ARE YOU KNOWN BY ANY OTHER NAME AND WHAT IS IT:

HOME ADDRESS:

CITY, STATE, ZIP:

HOME PHONE:

CELL PHONE:

WORK ADDRESS:

WORK PHONE:

EMERGENCY CONTACT PERSON AND PHONE NUMBER:

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You may want to make your emergency contact aware of ANYTHING THAT EMERGENCY PERSONNEL NEED TO KNOW IN THE EVENT YOU ARE UNABLE TO COMMUNICATE WITH THEM (i.e. medication allergies, etc). It is your responsibility to ensure your emergency contacts have current information at all times.