

EMPLOYEE EMERGENCY CONTACT FORM

Employee Name _____

Employee Contact Info

Home address _____

City, State, ZIP _____

Primary Contact # _____ Secondary Contact # _____

Home Email _____

Emergency Contact Info

(1) Name _____ Relationship _____

Primary Contact # _____ Secondary Contact # _____

Employer _____ Employer Contact # _____

(2) Name _____ Relationship _____

Primary Contact # _____ Secondary Contact # _____

Employer _____ Employer Contact # _____

Medical Contact Information:

Doctor _____ Contact # _____

Dentist _____ Contact # _____

This information will be used in the event of an emergency.

You are responsible for informing persons at your work site if you have a medical condition that may result in the need for medical attention. The supervisor and/or safety representative for our company can help you identify and inform the necessary people of your condition. 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 this company and its representatives to contact any of the above on my behalf in the event of an emergency.

Employee Signature

Date