

# Employee Emergency Information

## Contact Form

### Employee Details

- Full Name: \_\_\_\_\_
- Job Title: \_\_\_\_\_
- Department: \_\_\_\_\_
- Employee ID: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone Number: \_\_\_\_\_

### Primary Emergency Contact

- Contact Name: \_\_\_\_\_
- Relationship to Employee: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Alternate Phone: \_\_\_\_\_
- Email Address: \_\_\_\_\_

### Secondary Emergency Contact (Optional)

- Contact Name: \_\_\_\_\_
- Relationship to Employee: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Alternate Phone: \_\_\_\_\_
- Email Address: \_\_\_\_\_

### Medical Information

- Allergies (if any): \_\_\_\_\_
- Existing Medical Conditions: \_\_\_\_\_

- Medications (if any): \_\_\_\_\_

**Authorization**

I authorize the company to contact the individuals listed above in the event of an emergency.

I agree

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_