

Employee Emergency Notification

Contact Form

Employee Profile

- Name: _____
- Job Title: _____
- Department: _____
- Employee Number: _____
- Address: _____

Primary Notification Contact

- Name: _____
- Relationship: _____
- Contact Number: _____
- Email Address: _____

Secondary Notification Contact

- Name: _____
- Relationship: _____
- Contact Number: _____

Medical Information

- Allergies: _____
- Specific Medical Notes: _____

Authorization for Notification

I authorize the listed contacts to be informed in case of an emergency.

I authorize

Signature: _____ **Date:** _____