

Employee HR Emergency Contact Form

Basic Employee Information

- Employee Name: _____
- Designation: _____
- Department: _____
- HR Employee ID: _____
- Address: _____
- Primary Contact Number: _____

Emergency Contact Person

- Name: _____
- Relationship: _____
- Phone Number: _____
- Alternate Contact Number: _____

Secondary Contact Person (Optional)

- Name: _____
- Relationship: _____
- Phone Number: _____

Health Details

- Known Allergies: _____
- Current Medications: _____

Acknowledgment

I acknowledge that the above information is accurate and agree to update it if changes occur.

Acknowledged

Employee Signature: _____ **Date:** _____