

# EMPLOYEE EMERGENCY CONTACT FORM

Name: \_\_\_\_\_

Department: \_\_\_\_\_ Date: \_\_\_\_\_

## Home Information:

In case of emergencies due to weather conditions:

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cellular Telephone: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_

## Primary Emergency Contact

Contact Name: \_\_\_\_\_

Relationship to Contact: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Cellular Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

## Secondary Emergency Contact

Contact Name: \_\_\_\_\_

Relationship to Contact: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Cellular Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

## Additional Information (Voluntary)

Allergies (Food, Medication, Insects, Etc.): \_\_\_\_\_

\_\_\_\_\_

Medical Alert(s): \_\_\_\_\_

\_\_\_\_\_