**EMPLOYEE EMERGENCY CONTACT FORM**

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| **DETAILS** |
| **Name** | **[Full Name]** |
| **Home Address** | **[Home Address]** |
| **City, State, ZIP** | **[City, State, ZIP]** |
| **Home Phone Number** | **[Home Phone Number]** |
| **Cell Phone #** | **[Cell Phone #]** |
| **Email Address** | **[Email Address]** |

Please list the details of two people to be contacted in the event of an emergency.

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| **EMERGENCY CONTACT 1** |
| **Name** | **[Name]** |
| **Relationship** | **[Relationship]** |
| **Address** | **[Address]** |
| **City, State, ZIP** | **[City, State, ZIP]** |
| **Home Telephone #** | **[Home Telephone #]** |
| **Cell #** | **[Cell #]** |

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| **EMERGENCY CONTACT 2** |
| **Name** | **[Name]** |
| **Relationship** | **[Relationship]** |
| **Address** | **[Address]** |
| **City, State, ZIP** | **[City, State, ZIP]** |
| **Home Telephone #** | **[Home Telephone #]** |
| **Cell #** | **[Cell #]** |

Please provide details of the physician or health care provider that you would like us to contact in the event of an emergency:

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| **MEDICAL CONTACT** |
| **Name** | **[Full Name]** |
| **Home Address** | **[Home Address]** |
| **Home Phone Number** | **[Home Phone Number]** |
| **Cell Phone #** | **[Cell Phone #]** |

[ ]  I have voluntarily provided the above contact information and authorize you to contact any of the above on my behalf in the event of an emergency.

|  |  |  |
| --- | --- | --- |
| **[Signature]** |  | **[MM/DD/YYYY]** |
| **Employee Signature** |  | **Date** |