



## Employee Emergency Contact Information

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

In case of an emergency contact:

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

Relationship: \_\_\_\_\_

Phone #'s: (H) \_\_\_\_\_ (C) \_\_\_\_\_

Alternate Contact: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone #'s: (H) \_\_\_\_\_ (C) \_\_\_\_\_

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

Phone #: \_\_\_\_\_

Please list any/all known allergies or other medical information that should be known:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Employee Signature / Date

\_\_\_\_\_  
Supervisor Signature / Date