

Emergency Contact Information Form

This information will be extremely important in the event of an accident or medical emergency. Please be sure to fill in all blanks, sign, and date this form.

Employee's Name: _____

Cell Phone: _____ Home Phone: _____

Personal Email Address: _____

Mailing Address: _____

Primary Emergency Contact Name: _____

Relationship: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Secondary Emergency Contact Name: _____

Relationship: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Preferred Local Hospital: _____

Comments: *(Include any special medical or personal information you would want an emergency care provider to know. You may also include any special contact information.)*

Employee's Signature: _____

Date: _____