

## EMPLOYEE EMERGENCY CONTACT INFORMATION SHEET

*This sheet is to be updated annually or sooner if changes are to be made.*

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

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred contact after work hours: Home Cell (Check one)

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

Cell Phone Number: \_\_\_\_\_ Personal email: \_\_\_\_\_

### **Emergency Contact**

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

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

Daytime Phone Number: \_\_\_\_\_ Evening Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

### **\*Optional**

Medical Information to be disclosed to emergency personnel:

Conditions:

Allergies:

I acknowledge that my medical information as above may be released

\_\_\_\_\_ (initials) to emergency personnel

\_\_\_\_\_ (initials) to emergency contact person

Employee Signature \_\_\_\_\_

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