

Field Employee Emergency Contact Form

Please complete this form with accurate information. This document will be kept on file and used in the event of an emergency in the field.

1. Employee Information

Full Name:

Employee ID:

Job Title / Role:

Department / Field Crew:

Primary Phone Number:

Email Address:

Home Address:

2. Primary Emergency Contact

Contact Full Name:

Relationship to Employee:

Primary Phone Number:

Alternate Phone Number:

Home Address:

3. Secondary Emergency Contact

Contact Full Name:

Relationship to Employee:

Primary Phone Number:

Alternate Phone Number:

Home Address:

4. Medical Information (Optional)

Blood Type:

Known Allergies / Medical Sensitivities:

Current Medications (Relevant to Emergency Care):

Existing Medical Conditions:

5. Authorization and Signature

I confirm that the information provided above is accurate and up to date. I authorize the company to contact the individuals listed in the event of an emergency.

Employee Signature (Sign after printing):

Date: