

Small Business Employee Emergency Contact Form

Please complete this form to ensure the company has accurate emergency contact details on file. This document will be printed and stored securely in your physical personnel file.

1. Employee Information

Full Name:

Employee ID:

Department / Job Title:

Primary Phone Number:

Personal Email Address:

Home Address:

2. Primary Emergency Contact

Contact Name:

Relationship to Employee:

Primary Phone Number:

Alternative Phone Number:

Email Address:

Home Address:

3. Secondary Emergency Contact

Contact Name:

Relationship to Employee:

Primary Phone Number:

Alternative Phone Number:

Email Address:

Home Address:

4. Medical & Additional Information (Optional)

Provide any critical medical conditions, severe allergies, or other information that emergency medical responders should be aware of.

Known Allergies:

Medical Conditions / Critical Medications:

5. Employee Authorization

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

Employee Signature: _____ Date: