

# Office Visitor Emergency Contact Form

Please complete this form upon arrival. This information is collected for safety purposes and will only be used in the event of an emergency during your visit.

## Visitor Information

Visitor Full Name:

Company / Organization:

Date of Visit (MM/DD/YYYY):

Host Name (Employee you are meeting):

## Primary Emergency Contact

Contact Full Name:

Relationship to Visitor:

Primary Phone Number:

Alternate Phone Number:

## Secondary Emergency Contact (Optional)

Contact Full Name:

Relationship to Visitor:

Primary Phone Number:

## Medical Alerts or Allergies (Optional)

Please list any critical medical conditions or allergies first responders should know: