

Remote Worker Emergency Contact Form

Please complete this form with your current information. This document will be kept on file and used only in the event of an emergency while you are working remotely.

Employee Information

Full Name:

Employee ID (if applicable):

Personal Phone Number:

Personal Email Address:

Primary Remote Work Address (Where you work most often):

City, State, Zip Code:

Primary Emergency Contact

Contact Full Name:

Relationship to Employee:

Primary Phone Number:

Alternate Phone Number:

Email Address:

Home Address:

Secondary Emergency Contact

Contact Full Name:

Relationship to Employee:

Primary Phone Number:

Alternate Phone Number:

Email Address:

Home Address:

Voluntary Medical Information (Optional)

This information is strictly voluntary and will only be shared with first responders in an emergency.

Known Medical Conditions / Allergies:

Preferred Hospital (if any):

Acknowledgment & Signature

I confirm that the information provided above is accurate and up to date.

Employee Signature:

Date: