

Employee Emergency Contact Update Form

Please complete this form to update your emergency contact information. Once completed, print the form, sign and date it, and submit it to the Human Resources department.

1. Employee Information

Last Name: First Name:
Employee ID: Department/Division:
Primary Phone: Email Address:

2. Primary Emergency Contact

Full Name: Relationship:
Primary Phone: Alternate Phone:
Email Address: Home Address:

3. Secondary Emergency Contact

Full Name: Relationship:
Primary Phone: Alternate Phone:
Email Address: Home Address:

4. Medical Information (Optional)

Please list any medical conditions, allergies, or other information emergency responders should be aware of:

Medical Notes:

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 above in the event of an emergency.

Employee Signature: Date: