

Construction Site Visitor Emergency Contact Form

Notice to all visitors: For your safety, this form must be completed in full before entering the construction site. The information provided will remain confidential and will only be used in the event of an emergency.

Visitor Information

Visitor Full Name:

Company / Organization:

Date of Visit:

Site Host / Escort Name:

Primary Emergency Contact

Contact Person Full Name:

Relationship to Visitor:

Primary Phone Number:

Alternate Phone Number:

Secondary Emergency Contact (Optional)

Contact Person Full Name:

Relationship to Visitor:

Primary Phone Number:

Critical Medical Information (Optional)

Please list any known medical conditions, allergies, or medications that emergency medical personnel should be aware of:

Known Allergies / Medical Conditions:

Blood Type (if known):

Declaration and Signature

I confirm that the information provided above is correct. In the event of an emergency, I authorize the site management team to contact the individuals listed above and share necessary medical details with first responders.

Visitor Signature (Sign upon printing):

Date:

MM/DD/YYYY