

Annual Employee Emergency Contact Update Sheet

Instructions: Please review and complete all sections below. Once filled, print this form, sign, and submit the physical copy to the Human Resources department for annual record updates.

Employee Information

Full Name:

Employee ID:

Department:

Job Title:

Current Home Address:

Primary Phone Number:

Work Email Address:

Primary Emergency Contact

Full Name:

Relationship to Employee:

Primary Phone Number:

Alternative Phone Number:

Email Address:

Home Address:

Secondary Emergency Contact

Full Name:

Relationship to Employee:

Primary Phone Number:

Alternative Phone Number:

Email Address:

Home Address:

Medical Information (Optional)

Please list any critical medical conditions, allergies, or maintenance medications that emergency responders should be aware of:

Preferred Hospital / Medical Facility:

Employee Verification and Authorization

By signing below, I verify that the emergency contact information provided is accurate and I authorize the company to contact these individuals in the event of an emergency.

Employee Signature:

Date: