

Basic Employee Emergency Contact Sheet

Please complete this form with accurate and up-to-date information. This information will be kept confidential and used only in the event of an emergency.

Employee Information

Full Name: <input type="text"/>	Employee ID: <input type="text"/>
Phone Number: <input type="text"/>	Email Address: <input type="text"/>
Department: <input type="text"/>	Job Title: <input type="text"/>
Home Address: <input type="text"/>	

Primary Emergency Contact

Contact Name: <input type="text"/>	Relationship to Employee: <input type="text"/>
Primary Phone: <input type="text"/>	Alternate Phone: <input type="text"/>
Email Address: <input type="text"/>	Home Address: <input type="text"/>

Secondary Emergency Contact

Contact Name: <input type="text"/>	Relationship to Employee: <input type="text"/>
Primary Phone: <input type="text"/>	Alternate Phone: <input type="text"/>
Email Address: <input type="text"/>	Home Address: <input type="text"/>

Medical Information (Optional)

This section is voluntary. Provide any details that emergency responders may need to know.

Known Allergies (Food, Medication, etc.): <input type="text"/>	Medical Conditions / Medications: <input type="text"/>
Preferred Hospital (if applicable): <input type="text"/>	Primary Care Physician Name & Phone: <input type="text"/>

Employee Signature: _____

Date: _____

