

Comprehensive Employee Emergency Contact Template

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

1. Employee Information

Full Name:	<input type="text"/>	Employee ID:	<input type="text"/>
Department:	<input type="text"/>	Job Title:	<input type="text"/>
Primary Phone:	<input type="text"/>	Alternative Phone:	<input type="text"/>
Personal Email:	<input type="text"/>		
Home Address:	<input type="text"/>		
City:	<input type="text"/>	State / Province:	<input type="text"/>
Zip / Postal Code:	<input type="text"/>		

2. Primary Emergency Contact

Contact Full Name:	<input type="text"/>	Relationship to Employee:	<input type="text"/>
Primary Phone:	<input type="text"/>	Alternative Phone:	<input type="text"/>
Email Address:	<input type="text"/>		
Home Address:	<input type="text"/>		
City:	<input type="text"/>	State / Province:	<input type="text"/>

3. Secondary Emergency Contact

Contact Full Name:	<input type="text"/>	Relationship to Employee:	<input type="text"/>
Primary Phone:	<input type="text"/>	Alternative Phone:	<input type="text"/>
Email Address:	<input type="text"/>		
Home Address:	<input type="text"/>		
City:	<input type="text"/>	State / Province:	<input type="text"/>

4. Medical & Additional Information (Optional)

This information is strictly voluntary and will only be shared with emergency medical personnel if required.

Known Allergies:	<input type="text"/>		
Medical Conditions / Alert Details:	<input type="text"/>		
Current Medications (Relevant to Emergency Care):	<input type="text"/>		
Primary Care Physician Name:	<input type="text"/>	Physician Phone:	<input type="text"/>
Preferred Hospital:	<input type="text"/>		

5. Employee Acknowledgment

I confirm that the information provided on this form is accurate and complete. I authorize my employer to contact the individuals listed above in the event of an emergency.

Employee Signature (Print Name to Sign): Date: