

Standard Employee Emergency Contact Form

Please complete this form with accurate information. This form will be printed and kept in your employee file for emergency use only.

Employee Information

First Name:

Last Name:

Employee ID:

Department:

Primary Phone:

Email Address:

Primary Emergency Contact Information

Contact Full Name:

Relationship to Employee:

Primary Phone:

Secondary Phone:

Email Address:

Home Address:

Secondary Emergency Contact Information

Contact Full Name:

Relationship to Employee:

Primary Phone:

Secondary Phone:

Email Address:

Home Address:

Medical Information (Optional)

Known Medical Conditions / Allergies:

Blood Type:

Authorization and Signature

I confirm that the information provided on this form is correct, and I authorize the company to contact the individuals listed above in the event of an emergency.

Employee Signature (Print and Sign):

Date (MM/DD/YYYY):