

Corporate Employee Emergency Contact Form

Please complete this form to provide up-to-date emergency contact information. This information will be kept on file in the Human Resources department and will only be used in the event of an emergency.

Employee Information

Full Name:

Employee ID:

Department / Team:

Job Title:

Personal Phone Number:

Personal Email Address:

Home Address:

Primary Emergency Contact

Contact Full Name:

Relationship to Employee:

Primary Phone Number:

Alternative Phone Number:

Email Address:

Home Address (if different):

Secondary Emergency Contact

Contact Full Name:

Relationship to Employee:

Primary Phone Number:

Alternative Phone Number:

Email Address:

Medical Information (Optional)

This information is strictly voluntary and will only be shared with medical personnel in the event of an emergency.

Known Medical Conditions / Allergies:

Current Medications:

Blood Type:

Authorization & Signature

I confirm that the information provided on this form is accurate and complete. I authorize the company to contact the individuals listed above in the event of a medical or personal emergency.

Employee Signature (Sign after printing):

Date: