Employee Emergency Contact Information

Instructions: Please complete the form with the information requested below. In the event of an emergency, the individuals indicated below will be contacted in the order provided. Thank you.

Employee Information:

Employee Name_____ **Employee No.**_____

Address_____

Home Phone #_____ **Cell Phone #** _____

Emergency Contact Information:

First Emergency Contact Name: _____

Relationship_____

Emergency Contact #_____

Cell Phone # _____

Second Emergency Contact Name:_____

Relationship_____

Emergency Contact #_____

Cell Phone # _____

Third Emergency Contact Name _____

Relationship_____

Emergency Contact #_____

Cell Phone # _____