



Emergency Contact Form

Complete in Full

Employee name: _____
Last First Middle

Home Phone: _____ Cell Phone: _____

Email: _____

Department: _____ Supervisor: _____

Persons to Notify in Case of Emergency

Primary Contact

Name: _____

Relationship: _____

Address: _____

Phone #: _____

Alternate Phone #: _____

Secondary Contact

Name: _____

Relationship: _____

Address: _____

Phone #: _____

Alternate Phone #: _____

Other useful information: (Optional) _____

Notes _____