

CONFIDENTIAL

Employee Emergency Contact Information Form

This information will be extremely important in the event of an accident or medical emergency. Please be sure to sign and date this form

Name: _____

Contact Information

Home: _____ Cell: _____

Home Email Address: _____

Address: _____

Emergency Contacts

Primary Emergency Contact Name: _____

Relationship: _____ Phone: _____

Secondary Emergency Contact Name: _____

Relationship: _____ Phone: _____

Preferred Local Hospital: _____

Insurance Information:

Company: _____ Policy #: _____

Comments - include any special medical or personal information you would want an emergency care provider to know – or special contact information:

Signature: _____ Date: _____