

Emergency Contact Form

Employee Information:

Employee Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

In case of emergency, please contact:

Primary Contact Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Secondary Contact Name: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

I authorize my employer to contact these individuals in the case of an emergency.

Employee Signature: _____ Date: _____