Employee Emergency Contact Form

Please return this form to the Admin Office

Date:_____

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

Cell Phone # 2: _____

E-Mail Address: _____

In the event of an emergency, please list the names and telephone numbers of <u>two</u> individuals you would like us to contact:

Emergency Contact #1:

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Work Phone #: _____ Cell Phone #: _____

Emergency Contact #2

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Work Phone #: _____ Cell Phone #: _____

Do you give us permission to transport you to the nearest medical facility should you incur serious illness or injury during normal work hours?

☐ Yes ☐ No

If yes, please indicate the name and contact telephone number of the physician or health care provider that you would like for us to contact:

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Work Phone #: _____ Cell Phone #: _____