

Emergency Contact Form

Employee Name: _____

In case of an emergency, please notify:

Name: _____

Relationship: _____

(Optional)

Area code and Telephone

Day: _____

Evening: _____

Address: _____

-Or-

Name: _____

Relationship: _____

Area code and Telephone

Day: _____

Evening: _____

Address: _____

Please notify us immediately of any changes to your emergency contact information

Signature: _____

Date: _____