

[Company Logo] - New Horizon Solutions

Emergency Contact Form

Employee Name: Jane Doe

Employee ID: 12345

Date: March 03, 2025

Address: 123 Main St, Springfield, IL 62701

Section 1 - Primary Emergency Contact:

- Name: Mary Doe (Mother)
- Relationship: Parent
- Phone: (555) 123-4567
- Alternate Phone: (555) 123-4568
- Email: mary.doe@email.com

Section 2 - Secondary Emergency Contact:

- Name: James Doe (Brother)
- Relationship: Sibling
- Phone: (555) 234-5678
- Alternate Phone: (555) 234-5679
- Email: james.doe@email.com

Section 3 - Medical Information:

- Allergies: Penicillin
- Conditions: None
- Medications: None
- Emergency Medical Authorization: ☒ Yes ☐ No
- If Yes, authorized contact: Mary Doe

Section 4 - Acknowledgment:

- I authorize New Horizon Solutions to contact the listed individuals in an emergency.

- Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Instructions:

- Update this form annually or if contact details change.
- Submit to HR by March 10, 2025.
- Contact HR at [hr@newhorizon.com](mailto:hr@newhorizon.com) for assistance.