**ABC Company Ltd.**

**Emergency Contact Information Form**

**Employee Information:**

**Employee Name:** EmpName

**Employee ID:** EmpId

**Department/Division:** Dept

**Position/Title:** Pos

**Date of Birth:** DOB

**Blood Type:** BT

**Emergency Contacts:**

**1. Primary Emergency Contact:**

**Name:**

**Relationship to Employee**

**Phone Number (Home):**

**Phone Number (Mobile)**

**Email Address:**

**2. Additional Emergency Contact (if applicable):**

**Name:**

**Relationship to Employee**

**Phone Number (Home):**

**Phone Number (Mobile)**

**Email Address:**

**Medical Information (if applicable):**

**Known Allergies:**

**Medical Conditions:**

**Current Medications:**

**Authorization:**

I, EmpName , authorize ABC Company Ltd. to contact the individuals listed above in case of an emergency. I confirm that the information provided is accurate and up-to-date.

**Employee Signature:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Company Use Only:**

**Date Form Received:**

**Processed by:** HR\_Name

For any questions or clarification regarding benefits enrollment, please contact the Human Resources Department at [**pranavsundar08@outlook.com**](mailto:pranavsundar08@outlook.com).

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