**Emergency Contact Form**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
|  | **Employee Name** |  |  | **Address** |  |  |
|  |  |  |  |  |  |  |
|  | **Phone Number** |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Special Instructions:**  
  
In the event of a medical emergency, are there any emergency procedures or restrictions on medications of which emergency personnel should be aware? If yes, please explain.

|  |
| --- |
|  |
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|  |

**Emergency Contacts:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | |  |  |  | | |  |  |
|  | **Primary Contact in case of emergency:** | | | | | | | |  |
|  | Name |  | | | |  | Relationship |  |  |
|  | Address |  | | | |  | Phone Number |  |  |
|  |  |  | | | |  | Alternate Phone Number |  |  |
|  |  | | | | | | | |  |
|  | **Secondary Contact in case of emergency:** | | | | | | | |  |
|  | Name |  | | | |  | Relationship |  |  |
|  | Address |  | | | |  | Phone Number |  |  |
|  |  |  | | | |  | Alternate Phone Number |  |  |
|  |  |  | | | |  |  |  |  |

**Physician Contact**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | |  |  |  | | |  |  |
|  | Doctor’s Name |  | | | |  | Address |  |  |
|  | Phone Number |  | | | |  |  |  |  |
|  |  |  | | | |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | | | |  |
|  | **Employee Authorization** | | | |  |
|  | I have voluntarily provided the above contact information and authorize <Company Name> and its representatives to contact any of the above individuals on my behalf in the event of an emergency. | | | |  |
|  |  | |  |  |  |
|  | *Employee signature* |  |  | *Date* |  |
|  |  |  |  |  |  |