

Employee Emergency Contact Form

Employee Information

Employee's name _____ Department _____

Home address _____

Home telephone # _____ Personal phone number # _____

Email address _____

Emergency Contact Information

1. Contact name _____ Relationship to employee _____

Home address _____

Home telephone # _____ Personal phone number # _____

Email address _____

2. Contact name _____ Relationship to employee _____

Home address _____

Home telephone # _____ Personal phone number # _____

Email address _____

Medical Information (voluntary disclosure)

Medical conditions _____

Allergies (Food, medication, insects, etc) _____

Primary care physician contact information _____

Health insurance provider and policy number _____

Consent and Acknowledgement

I confirm that the information provided is accurate and understand my responsibility to update it as necessary.

I authorize [Company Name] to use the information in this form for emergency contact purposes and agree to its confidential handling according to company policies and applicable laws.

Employee Signature _____ Date _____

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