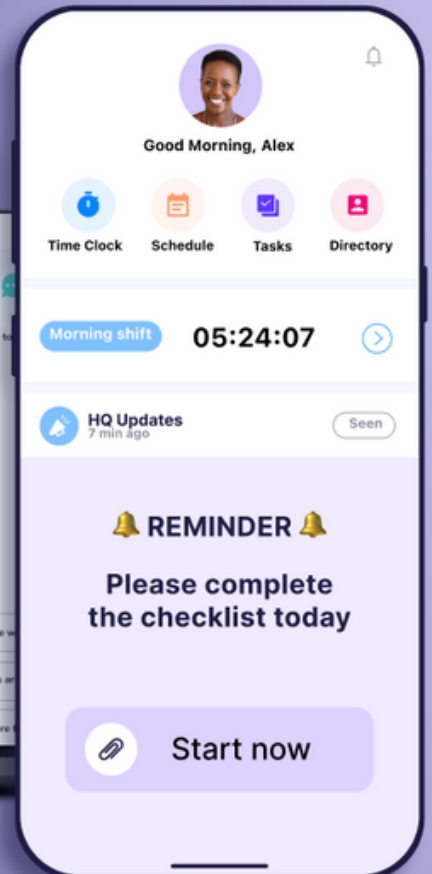


Employee Emergency Contact Form

Use our employee emergency contact form template as a starting point to customize yours to fit your business.



Employee Emergency Contact Form

Date Completed: _____

Employee Name: _____

Employee ID: _____

Department/Team: _____

Date of Birth: _____

Personal Contact Information

Home Address: _____

Personal Phone Number: _____

Personal Email Address: _____

Primary Emergency Contact

Name: _____

Relationship to Employee: _____

Primary Phone Number: _____

Secondary Phone Number (optional):

Email Address: _____

Address (if different from employee):

Secondary Emergency Contact

Name: _____

Relationship to Employee: _____

Primary Phone Number: _____

Secondary Phone Number (optional):

Email Address: _____

Address (if different from employee):

Additional Information

Medical Conditions/Allergies: _____

Preferred Hospital/Clinic: _____

Health Insurance Provider: _____

Policy Number: _____

Consent and Declaration

I hereby confirm that the information provided is accurate and up-to-date. I understand that this information will be used solely for emergency purposes and consent to its use as such.

Signature of Employee: _____ Date: _____

Office Use Only

Form Received By: _____

Date Received: _____

Location of Stored Information: _____