



## Personnel Emergency Information Form

1. **PLEASE PRINT LEGIBLY.** We use this form to enter or audit your information in our personnel system.
2. Complete the form with name, address, phone number, etc.
3. Provide two **LOCAL** emergency contacts in case you have an emergency and cannot provide this information yourself.
4. Provide medical information we will need in case of an emergency.

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

Name: \_\_\_\_\_ Work Location: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Choice: \_\_\_\_\_ Medical Insurance    Yes    No

Name of Insurance Company: \_\_\_\_\_

List any known health problems: \_\_\_\_\_