

## Emergency Contact Form

### Personal Information:

- Employee Full Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Email: \_\_\_\_\_

### Emergency Contact 1:

- Full Name: \_\_\_\_\_
- Relationship to You: \_\_\_\_\_
- Phone Number (Cell): \_\_\_\_\_
- Phone Number (Home/Work): \_\_\_\_\_
- Address: \_\_\_\_\_

### Emergency Contact 2 (optional):

- Full Name: \_\_\_\_\_
- Relationship to You: \_\_\_\_\_
- Phone Number (Cell): \_\_\_\_\_
- Phone Number (Home/Work): \_\_\_\_\_
- Address: \_\_\_\_\_

**Authorization:** I hereby give permission for the listed emergency contacts to be contacted in case of an emergency. The information provided is accurate to the best of my knowledge.

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