

# Employee Emergency Contact Form

## Employee Information

Employee's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Emergency Contact Information

Contact Name: \_\_\_\_\_

Relationship to Employee: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Email Address : \_\_\_\_\_

## Consent And Acknowledgement

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

I authorize Upper Merion Area School District 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 \_\_\_\_\_