



## Emergency Contact Form

Date:

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Employee Name:

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Employee Address:

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Employee Phone Number(s):

Home: (    ) \_\_\_\_\_ - \_\_\_\_\_     Not Applicable

Cell: (    ) \_\_\_\_\_ - \_\_\_\_\_     Not Applicable

### **In case of emergency, please contact:**

#### **Primary Contact:**

Name:

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Relationship to  
Employee:

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Contact Phone Number: (    ) \_\_\_\_\_ - \_\_\_\_\_     Home  Cell   
Work

Alternate Phone Number: (    ) \_\_\_\_\_ - \_\_\_\_\_     Home  Cell   
Work

#### **Alternate Contact:**



Name:

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Relationship to  
Employee:

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Contact Phone Number: (    ) \_\_\_\_\_ - \_\_\_\_\_     Home  Cell   
Work

Alternate Phone Number: (    ) \_\_\_\_\_ - \_\_\_\_\_     Home  Cell   
Work