



## Emergency Contact Information

This information will be kept confidential and used only in an emergency.

### Employee Information

Name: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

### Primary Emergency Contact

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

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

Home Address: \_\_\_\_\_  
Street City State Zip

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

### Secondary Emergency Contact

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

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

Home Address: \_\_\_\_\_  
Street City State Zip

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Work Phone #: \_\_\_\_\_

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