



# Emergency Contacts

Employee Name:

Home Phone Number:

Home Address:

**Emergency Contact #1**

Name

Relationship

Phone Number

Alternate Phone

**Emergency Contact #2**

Name

Relationship

Phone Number

Alternate Phone

Name of Physician:

Comments:

***This form is optional – Please complete if you would like this information to be kept for emergency situations***

*This information will be kept in the employee's file.*