

EMPLOYEE EMERGENCY CONTACT FORM

Employee Name: _____ Employee ID: _____

Employee Information

Department: _____

Job Title: _____

Work Phone: _____ Email: _____

Emergency Contact #1

Name: _____

Relationship: _____

Home Phone: _____ Mobile Phone: _____

Address: _____

Emergency Contact #2 (Optional)

Name: _____

Relationship: _____

Home Phone: _____ Mobile Phone: _____

Address: _____

Medical Information

Physician Name: _____

Physician Phone: _____

Allergies or Medical Conditions: _____

(If none, write 'None')

Acknowledgment and Authorization

I hereby certify that the above information is true, accurate, and complete to the best of my knowledge. I authorize the company and its agents to use this information to contact the designated emergency contacts and to obtain medical assistance on my behalf if necessary. I understand that this form will be kept confidential and used only in the event of an emergency. I acknowledge that I have the responsibility to update this form whenever changes occur.

EMPLOYEE SIGNATURE

HR REPRESENTATIVE SIGNATURE

Signature: _____

Signature: _____

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