

Company Logo

Employee Emergency Contact Form

Employee Name: _____

This information can be extremely important in the event of an accident or medical emergency.
Please complete all fields below.

Emergency Contact Name	
Relationship	
Phone (DAY)	
Phone (EVENING)	
Address	

Emergency Contact Name	
Relationship	
Phone (DAY)	
Phone (EVENING)	
Address	

Emergency Contact Name	
Relationship	
Phone (DAY)	
Phone (EVENING)	
Address	

Please be sure to sign and date this form before returning to your Office Manager / Human Resources Representative at.

Signature

Date