

Employee Emergency Contact Form

Name: _____ Date: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Other Phone: _____

Do you have employer provided insurance? yes _____ no _____

If not, provide your health insurance plan name and group number: _____

Primary Emergency Contact

Name: _____ Relationship: _____

Home Address: _____

Daytime Phone: _____ Alternate Phone: _____

Secondary Emergency Contact

Name: _____ Relationship: _____

Home Address: _____

Daytime Phone: _____ Alternate Phone: _____