

Employee Emergency Notification Form

Employee Last Name	First Name	Middle Initial
Street Address		
City	State	Zip County
Home Telephone		Alternate Telephone
Position Title		Division Name

In Case of Emergency Contact #1

Emergency contact Name	Relationship
Street Address	
City	State Zip County
Home Telephone	
Alternate Telephone	

In Case of Emergency Contact #2

Emergency Contact Name	Relationship
Street Address	
City	State Zip County
Home Telephone	
Alternate Telephone	

Medical Doctor Name	Medical Doctor Telephone
Hospital Preference	
Allergies	

I understand that the information will become part of my personnel file. By signing below, I grant my permission for release of the above information in the event of an emergency.

Employee Signature _____ Date _____