



Human Resources Donnell E. Adams | Director

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



HRM Rev 4/12/16

Last Revision 2/2/2022