

EMPLOYEE EMERGENCY CONTACT FORM

For Human Resources Use Only

EMPLOYEE NAME

Last First Middle Social Security #

Mailing Address City State Zip Code

Physical Address (for HR internal use only) City State Zip Code

(_____) _____ (_____) _____
Home Phone # Cell Phone #

EMERGENCY CONTACT INFORMATION

Primary Contact Name Relationship

Physical Address (for HR internal use only) City State Zip Code

(_____) _____ (_____) _____
Phone # Cell Phone #

Secondary Contact Name Relationship

Physical Address (for HR internal use only) City State Zip Code

(_____) _____ (_____) _____
Phone Cell Phone

MEDICAL INFORMATION

Hospital/Clinic Preference

Physician's Name Phone #

Insurance Company Policy #

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for me and waive my right to informed consent of treatment. This waiver applies only in the event that neither emergency contact person can be reached in the case of an emergency.

Signature Date