**Emergency Contact Form**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
|  | **Employee Name** |  |  | **Address** |  |  |
|  |  |  |  |  |  |  |
|  | **Phone Number** |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Special Instructions:**

In the event of a medical emergency, are there any emergency procedures or restrictions on medications of which emergency personnel should be aware? If yes, please explain.

|  |
| --- |
|  |
|  |
|  |

**Emergency Contacts:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |
|  | **Primary Contact in case of emergency:** |  |
|  | Name |  |   | Relationship |  |  |
|  | Address |  |  | Phone Number |  |  |
|  |  |  |  | Alternate Phone Number |  |  |
|  |  |  |
|  | **Secondary Contact in case of emergency:** |  |
|  | Name |  |   | Relationship |  |  |
|  | Address |  |  | Phone Number |  |  |
|  |  |  |  | Alternate Phone Number |  |  |
|  |  |  |  |  |  |  |