



**Employee Emergency Information Form**

**This information may be used for medical emergencies, workplace incidents, and notification in the event of an arrest or detention.**

**Employee Information**

**Full Name:** \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.)

**Home Address:**

Street Address \_\_\_\_\_ Apt/Unit # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Phone Numbers:**

Primary Phone (\_\_\_\_) \_\_\_\_\_ **Alternate Phone** (\_\_\_\_) \_\_\_\_\_

**Emergency Contact 1 (Primary)**

**Full Name:** \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.)

**Address:**

Street Address \_\_\_\_\_ Apt/Unit # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Phone Numbers:**

Primary Phone (\_\_\_\_) \_\_\_\_\_ **Alternate Phone** (\_\_\_\_) \_\_\_\_\_

**Relationship to Employee:** \_\_\_\_\_

**Emergency Contact 2 (Alternate)**

*(Complete if primary contact cannot be reached)*

**Full Name:** \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.)

**Address:**

Street Address \_\_\_\_\_ Apt/Unit # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Phone Numbers:**

Primary Phone (\_\_\_\_) \_\_\_\_\_ **Alternate Phone** (\_\_\_\_) \_\_\_\_\_

**Relationship to Employee:** \_\_\_\_\_

**Medical Information**

**Medical Plan:** \_\_\_\_\_ **Primary Physician:** \_\_\_\_\_

**Physician Address:**

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**Physician Phone:** (\_\_\_\_) \_\_\_\_\_

**Important Medical Conditions / Information for Emergency Treatment:**

**Employee Acknowledgment**

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_