

Employee Emergency Information Form



Submission of this form is not mandatory, although it is encouraged so that basic contact and medical information is available in the event of an emergency. The information in this form is given for the express purposes of emergency situations and will only be used for those purposes.

GENERAL INFORMATION

Name: _____ Today's Date: _____

Home Address: _____

Home Telephone Number: _____

Cell Phone Number: _____

MEDICAL INFORMATION

Medical Insurance Provider: _____

Doctor's Name: _____ Telephone Number: _____

Specialist's Name: _____ Telephone Number: _____

Preferred Hospital: _____

Known allergies to medications: _____

Other information that a medical professional should know: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Employer: _____ Work Telephone Number: _____

Cell Phone Number: _____ Home Telephone Number: _____

Name: _____ Relationship: _____

Employer: _____ Work Telephone Number: _____

Cell Phone Number: _____ Home Telephone Number: _____

Please submit this form to your manager/supervisor.

If you are concerned about privacy, submit this form to your supervisor in a sealed envelope. Place your name on the envelope and note: "TO BE OPENED IN THE EVENT OF A MEDICAL EMERGENCY ONLY."