

EMPLOYEE EMERGENCY INFORMATION

Name	
Date of Information	
Home Address	
Home Telephone Number	
Phone Number(s) to be Used for Emergency Notification Purposes	
Cellular Telephone Number	
Pager Number	
Personal Email Address	
Alternate Telephone Number (example: where you would go in event of an emergency)	
Name of Spouse/Next of Kin	
Home Address & Telephone Number of Spouse/Next of Kin (if different from above)	
Cellular Telephone Number of Spouse/Next of Kin	
Name & Address of Employer of Spouse/Next of Kin (if applicable)	
Work Telephone Number of Spouse/Next of Kin (if applicable)	
Person(s) to be notified in case of emergency. (Please list in the order in which to be called and include home address & phone number, email address, business address & phone number, and cell phone number when applicable.)	
Other pertinent emergency/medical information to be shared with personnel responding to emergency. (Examples: allergies, blood type, health insurance, name of primary physician, medication usage, etc.)	