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| Employee / Supervisor Emergency Contact Sheet Information provided on this form will be used in an emergency only to notify specified individual(s) of a serious illness, injury, or incident. This information will remain confidential.  *Submit a new form if this information changes.* *Email a copy to [Name] at [email address]. A hard copy of this sheet should be kept somewhere visible in your cubicle/office.* |
| EMPLOYEE / SUPERVISOR INFORMATION |

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| --- | --- | --- |
| **Name:** | **Role** | |
| **Home Address:** | **City:** | **State/Zip:** |
| **Home Phone #:** | **Cell Phone #:** | |
| EMERGENCY CONTACT INFORMATION (list in the order to be contacted) | | |
| 1st Emergency Contact | | |
| **Name:** | **Relationship:** | |
| **Home Phone #:** | **Cell Phone #:** | |
| **Address:** | **City, State, Zip:** | |
| 2nd Emergency Contact | | |
| **Name:** | **Relationship:** | |
| **Home Phone #:** | **Cell Phone #:** | |
| **Address:** | **City, State, Zip:** | |
| 3rd Emergency Contact | | |
| **Name:** | **Relationship:** | |
| **Home Phone #:** | **Cell Phone #:** | |
| **Address:** | **City, State, Zip:** | |

|  |  |
| --- | --- |
| Date Signed | Employee / Supervisor Signature |
|  |  |

If you choose to provide additional medical information, please complete the back side of this form.

This medical information will be accessible in a medical or potentially life-threatening EMERGENCY ONLY, to notify paramedics, emergency response, and/or specified individual(s).

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| Additional Information (voluntary) |
| Please list any health considerations or any information you would like a care provider to know in case of emergency (food/drug/insect allergies, current medications, diabetes, epilepsy, etc.) |
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