

Employee Emergency Information

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This information is confidential and is used only for emergencies. Access to this information is limited to designated Human Resource Department Personnel.

Employee Information:

Name:

Home Phone:

Address:

City: State: Zip:

Job Title:

Department:

In Case Of Emergency, Notify:

Name:

Relationship to Employee:

Home Phone Number: Work Phone: Cell Phone Number:

Name:

Relationship to Employee:

Home Phone Number: Work Phone: Cell Phone Number:

Special Health Notes:

Please list any special health conditions that emergency personnel would need to know in the event you are unable to answer questions (i.e. medications, allergies, diabetes, heart condition, hearing impairment, etc.) that may affect treatment decisions.

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Medical Preferences:

Clinic:

Clinic Location:

Clinic Phone Number:

Name of Physician:

Hospital Preference: