EMPLOYEE EMERGENCY CONTACT FORM

DETAILS	Name: _____ Home Address: _____ City: _____ State: _____ Zip: _____ Home Phone Number: _____ Cell Phone: _____ Email: _____
	Please list the details of two people to be contacted in the event of an emergency.
EMERGENCY CONTACT 1	Name: _____ Relationship: _____ Home Address: _____ City: _____ State: _____ Zip: _____ Home Phone Number: _____ Cell Phone: _____ Email: _____
EMERGENCY CONTACT 2	Name: _____ Relationship: _____ Home Address: _____ City: _____ State: _____ Zip: _____ Home Phone Number: _____ Cell Phone: _____ Email: _____
MEDICAL	Should you incur serious illness or injury during work hours, do you give permission to transport you to the nearest medical facility? No ☐ Yes ☐ Do you have any medical issues we should be aware of: No ☐ Yes ☐ If Yes, please specify _____ Which hospital would you like to be transported to in the event of an emergency: _____ Insurance Company: _____ Policy Number: _____