



## Emergency Contact

Fill this form out with the name and phone number of your closest living relative and an alternate name and phone number of those individuals we may contact in the event of an emergency.

### IN CASE OF EMERGENCY, PLEASE CONTACT:

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

HOME # \_\_\_\_\_ WORK # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

### ALTERNATE:

NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

HOME # \_\_\_\_\_ WORK # \_\_\_\_\_

ADDRESS: \_\_\_\_\_

I hereby request that these individuals be contacted on my behalf in the event of an emergency.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Witnessed by \_\_\_\_\_