


# Employee Emergency Contact Form

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 Employee Emergency Contact Form ([www.shrm.org/ResourcesAndTools/tools-and-samples/hr-forms/Documents/Employee%20Emergency%20Contact%20Form.docx](http://www.shrm.org/ResourcesAndTools/tools-and-samples/hr-forms/Documents/Employee%20Emergency%20Contact%20Form.docx))

Name: \_\_\_\_\_

Department: \_\_\_\_\_ Date: \_\_\_\_\_

## Home Information:

In case of emergencies due to weather conditions:

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cellular Telephone: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_

## Primary Emergency Contact

Contact Name: \_\_\_\_\_

Relationship to Contact: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Cellular Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

## Secondary Emergency Contact

Contact Name: \_\_\_\_\_

Relationship to Contact: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Work Telephone: \_\_\_\_\_ Cellular Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

## Additional Information (Voluntary)

Allergies (Food, Medication, Insects, Etc.): \_\_\_\_\_

\_\_\_\_\_

Medical Alert(s): \_\_\_\_\_

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Email Address

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