

(Add Your Company Logo)

Emergency Contact Form

Employee Name: _____

Department: _____

Location: _____



Emergency Contact Name: _____

Primary Phone Number: _____

Secondary Phone Number: _____

Email Address: _____



Secondary Emergency Contact Name: _____

Primary Phone Number: _____

Secondary Phone Number: _____

Email Address: _____



I authorize (Company Name) to contact the above emergency contacts where deemed necessary.

Employee Signature

Date