

Emergency Information Form

Instructions: Completing this Emergency Information Form, either partially or in its entirety, is optional and is not required. In the event of an accident or emergency in the workplace, a Human Resources Representative will attempt to reach the primary (and secondary, if warranted) contact. Please note:

- If allergy/medical alert information is provided, this information will be shared with first responders.
- If a personally owned vehicle is driven to the workplace, information provided will be shared with the emergency contact(s) so that s/he can determine if it should be transported elsewhere on behalf of the employee.
- If childcare and pet information is provided, this information will be relayed to the emergency contact(s) so that s/he can make arrangements for pick-up &/or care, if appropriate/necessary.

Again, you may provide a response to some or all of the fields below; completing this form is optional. All completed forms are securely stored, accessible only by Human Resources Representatives. Please contact the Human Resources Department with updates or changes to emergency information.

Employee Name: _____

Department: _____ Supervisor: _____

Home & Auto Information

Home Address: _____

Personal Cell Phone: _____

Personal Email Address: _____

Personal Vehicle Make: _____ Model: _____ License Plate: _____

Primary Emergency Contact

Contact Name: _____

Relationship to Employee: _____

Cell Phone: _____ Work Phone: _____

Email Address: _____

Secondary Emergency Contact

Contact Name: _____

Relationship to Employee: _____

Cell Phone: _____ Work Phone: _____

Email Address: _____

Childcare Provider (to be provided to Emergency Contact)

Name of Facility: _____

Street Address, City, ST: _____

Phone: _____

Pets (to be provided to Emergency Contact)

Type(s) & Number of Pets at Home (to be provided to Emergency Contact): _____

Additional Information

Allergies (food, medication, insects): _____

Medical Alert(s): _____

Employee Signature

Date