

**Employee Emergency Notification Form**

|                    |       |                     |                |
|--------------------|-------|---------------------|----------------|
| Employee Last Name |       | First Name          | Middle Initial |
| Street Address     |       |                     |                |
| City               | State | Zip                 | County         |
| Home Telephone     |       | Alternate Telephone |                |
| Position Title     |       | Division Name       |                |

**In Case of Emergency Contact #1**

|                        |       |                     |        |
|------------------------|-------|---------------------|--------|
| Emergency contact Name |       | Relationship        |        |
| Street Address         |       |                     |        |
| City                   | State | Zip                 | County |
| Home Telephone         |       | Alternate Telephone |        |

**In Case of Emergency Contact #2**

|                        |       |                     |        |
|------------------------|-------|---------------------|--------|
| Emergency Contact Name |       | Relationship        |        |
| Street Address         |       |                     |        |
| City                   | State | Zip                 | County |
| Home Telephone         |       | Alternate Telephone |        |

|                     |  |                          |  |
|---------------------|--|--------------------------|--|
| Medical Doctor Name |  | Medical Doctor Telephone |  |
| Hospital Preference |  | Allergies                |  |

I understand that the information will become part of my personnel file. By signing below, I grant my permission for release of the above information in the event of an emergency.

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

