Emergency Contact & Employee Information Form

EMERGENCY CONTACT & EMPLOYEE INFORMATION FORM

Keep current — notify HR of any changes. Store securely; this form contains sensitive personal information.

Employee information

- **Full legal name:** [EMPLOYEE NAME]
- **Preferred name:** _____
- **Employee ID:** [ID] | **Department:** [DEPARTMENT] | **Job title:** [JOB TITLE]
- **Work location:** _____
- **Personal phone:** _____ | **Personal email:** _____
- **Home address:** _____

Emergency contact 1

- **Name:** _____ | **Relationship:** _____
- **Phone (primary):** _____ | **Phone (alt):** _____

Emergency contact 2

- **Name:** _____ | **Relationship:** _____
- **Phone (primary):** _____ | **Phone (alt):** _____

Medical information (optional — used only in an emergency)

- **Allergies:** _____
- **Current medications / conditions responders should know:** _____
- **Physician:** _____ | **Phone:** _____
- **Medical insurance carrier / policy #:** _____

Authorization

I authorize [COMPANY NAME] to contact the persons above in case of emergency. I confirm this information is accurate and will update HR if it changes.

Employee signature: _____ Date: _____

For HR use only — Received by: _____ Date: _____ Filed: [ ] Yes

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