

EMPLOYEE EMERGENCY INFORMATION

Employee Name: _____ Red ID #: _____

Job Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ E-mail Address: _____

Cell Phone Number: _____ Date of Birth: _____ Date of Hire: _____

In the event of an emergency, please list the names and telephone numbers of TWO individuals you would like us to contact.

EMERGENCY CONTACT #1

Name: _____

Home Address: _____

City: _____ State: _____ Zip _____

Work Phone #: _____ Cell Phone #: _____

EMERGENCY CONTACT #2

Name: _____

Home Address: _____

City: _____ State: _____ Zip _____

Work Phone #: _____ Cell Phone #: _____

Additional Information (voluntary)

Please list any health considerations or any information you would like an emergency care provider to know in case of emergency (i.e. food/drug/insect allergies, current medications, etc).

Employee's Signature _____ Date: _____