

Record of Emergency Notification

Employees are encouraged to provide us with the name and telephone numbers of a contact person should you become ill or have an emergency situation at work. Information on this form is voluntary and is kept confidential in the Personnel file.

Please print

Employee's Last Name	Employee's First Name
Department	
Emergency Contact's Name 1 st choice	Emergency Contact's Name 2 nd choice
Emergency Contact's Telephone	Emergency Contact's Telephone
Emergency Contact's Cell Phone	Emergency Contact's Cell Phone