



Emergency Notification Form

Employee Name: _____

Employee Address: _____

Home Phone Number: _____ - _____ - _____

Cell Phone Number: _____ - _____ - _____

In case of emergency, please notify

Primary Emergency Contact

Name: _____

Relation to Employee: _____

Address: _____

Daytime Phone Number: _____ - _____ - _____

Evening Phone Number: _____ - _____ - _____

Secondary Emergency Contact

Name: _____

Relation to Employee: _____

Address: _____

Daytime Phone Number: _____ - _____ - _____

Evening Phone Number: _____ - _____ - _____

**** Note: Save form after completing to save changes ****