

Employee Emergency Contact Form

Name:

Home Address:

City: _____ State: _____ Zip: _____

Phone #: _____ DOB _____

E-Mail Address:

Optional

Voluntary Disclosure of Emergency Medical Information

If you would like to disclose any medical information that would help us respond to a medical emergency, such as allergies, please use the space below to share.

Allergies (*Food, Medication, Insects, Etc.*)

Medical Alert(s):

Emergency Contact #1:

Name: _____

Home Address:

City: _____ State: _____ Zip: _____

Work Phone #: _____

Cell Phone #: _____

Emergency Contact #2 (Optional)

Name: _____

Home Address:

City: _____ State: _____ Zip: _____

Work Phone #: _____

Cell Phone #: _____

Do you give us permission to transport you to the nearest medical facility should you incur serious illness or injury during normal work hours?

Yes No

Would you like us to share relevant medical information with this person in case of a medical emergency?

Yes / No

When To Reach Out to an Employee's Emergency Contact

The following are some examples of situations when you may need to reach out to your employee's emergency contact:

- When your employee gets sick and you have to call 911.
- When your employee is sent to the hospital.
- If a friend, roommate, or someone other than their emergency contacts calls to inform you that the employee has been hospitalized.
- When your employee has been injured at work and needs assistance returning home.
- When your employee has not shown up to work for multiple days or shifts and you've been unable to contact them.
- If the employee has passed away and you need to make the last payment or you'd like to know who to send their belongings to.