

Emergency Contact Information

Please fill out this form with the emergency contact information you would like on file with the state office. In case of an emergency this information will be very useful to make sure that every employee's family is aware of a potentially serious situation with you. Employee Name

Primary Contact			
Name	<input style="width: 95%;" type="text"/>	Relationship	<input style="width: 95%;" type="text"/>
Address	<input style="width: 95%;" type="text"/>	Phone	<input style="width: 95%;" type="text"/>
City	<input style="width: 95%;" type="text"/>	State	<input style="width: 95%;" type="text"/>
Please provide a second phone number if available.			Phone #2 <input style="width: 95%;" type="text"/>

Alternate Contact			
Name	<input style="width: 95%;" type="text"/>	Relationship	<input style="width: 95%;" type="text"/>
Address	<input style="width: 95%;" type="text"/>	Phone	<input style="width: 95%;" type="text"/>
City	<input style="width: 95%;" type="text"/>	State	<input style="width: 95%;" type="text"/>
Please provide a second phone number if available.			Phone #2 <input style="width: 95%;" type="text"/>

Alternate Contact			
Name	<input style="width: 95%;" type="text"/>	Relationship	<input style="width: 95%;" type="text"/>
Address	<input style="width: 95%;" type="text"/>	Phone	<input style="width: 95%;" type="text"/>
City	<input style="width: 95%;" type="text"/>	State	<input style="width: 95%;" type="text"/>
Please provide a second phone number if available.			Phone #2 <input style="width: 95%;" type="text"/>

Optional Medical Information: In case of emergency it will be helpful to know if there are any pre-existing medical conditions that authorities need to be aware of.			
Primary Care Physicians Name	<input style="width: 95%;" type="text"/>		
Phone Number	<input style="width: 95%;" type="text"/>		
Hospital Preference	<input style="width: 95%;" type="text"/>	Phone	<input style="width: 95%;" type="text"/>
Dentist Name	<input style="width: 95%;" type="text"/>	Phone	<input style="width: 95%;" type="text"/>

Employee Signature

Date