



Emergency Information Sheet

Employee Name: _____ Phone: _____

Address: _____ City, State Zip: _____

It is the employees responsibility to notify Human Resources of any changes to the below information.

In Case of Emergency - Please Contact

Primary
Name: _____

Relationship to Employee: _____

Phone – Work: _____

Phone – Home: _____

Phone – Cell: _____

Pager: _____

Email: _____

Secondary
Name: _____

Relationship to Employee: _____

Phone – Work: _____

Phone – Home: _____

Phone – Cell: _____

Pager: _____

Email: _____

Medical Information

Doctor Name: _____ Phone: _____

Address: _____ City, State Zip: _____

Hospital Preference: _____ Wears Contact Lens: Yes No

Allergies: _____

Vehicle Information

Please make sure you list each vehicle.

Vehicle Make: _____ Vehicle Model: _____

Vehicle Color: _____ Vehicle Year: _____ License Plate: _____

Vehicle Make: _____ Vehicle Model: _____

Vehicle Color: _____ Vehicle Year: _____ License Plate: _____

Employee Signature: _____ Date: _____