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## EMERGENCY CONTACT FORM

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In the event that you are involved in an accident or other emergency while on the job, it is very important that we have on file the name(s) of the person(s) you would want to be contacted. We, therefore, urge you to complete the information requested, and return the completed form to the Human Resource department as soon as possible.

**Name:** \_\_\_\_\_

**Department:** \_\_\_\_\_

Primary person to be notified in case of an accident or emergency:

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

Secondary person to be notified in case of an accident or emergency:

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_

**This information is confidential. It will only be used for the reasons stated above.  
Thank you for your cooperation.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date