



**EMPLOYEE EMERGENCY CONTACT FORM**

Name \_\_\_\_\_

Department \_\_\_\_\_

**Personal Contact Info:**

Home Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

**Emergency Contact Info:**

(1) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Work Telephone # \_\_\_\_\_ Employer \_\_\_\_\_

(2) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

Work Telephone # \_\_\_\_\_ Employer \_\_\_\_\_

**Medical Contact Info:**

Doctor Name. \_\_\_\_\_ Phone # \_\_\_\_\_

Dentist Name \_\_\_\_\_ Phone # \_\_\_\_\_

I have voluntarily provided the above contact information and authorize the Town of Emerald Isle and its representatives to contact any of the above on my behalf in the event of an emergency.

I choose not to furnish any emergency contact information to the Town of Emerald Isle at this time.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_