



## Employee Emergency Contact Card

Date Completed: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Address: \_\_\_\_\_ zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Birthday: \_\_\_\_\_ Position: \_\_\_\_\_

### Emergency Contacts:

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

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Medical Information (i.e. allergies, conditions, etc.):

\_\_\_\_\_