

## Employee Emergency Contact Form

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

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

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_

### **Primary Emergency Contact**

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

Relationship to Contact: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

### **Secondary Emergency Contact (optional)**

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

Relationship to Contact: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

### **Other Information (optional)**

Birthday: \_\_\_\_\_ Work Anniversary Date: \_\_\_\_\_

Favorite Starbucks Order: \_\_\_\_\_

Favorite Food: \_\_\_\_\_

Allergies (Food, Medicine, Etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_