



Emergency Contacts

Employee Name (Please Print): _____

In the event that you are involved in an accident or other emergency while working, 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 fill in the information requested below and return the completed form to the Human Resources Department as soon as possible.

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

Name: _____

Relationship: _____

Telephone Number: _____

Cell Number: _____

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

Name: _____

Relationship: _____

Telephone Number: _____

Cell Number: _____

This information is confidential. It will only be used for the reasons stated above.

Thank you for your cooperation.