

# 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 District Studios Inc. and its representatives to contact any of the above on my behalf in the event of an emergency.

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