

**CONFIDENTIAL EMPLOYEE EMERGENCY CONTACTS**

Please provide us with the name of at least one relative or friend to contact in case of an emergency by completing the following information & sending by E-mail to Human Resources and your supervisor. This form will not be maintained in your Human Resources personnel file, but in a separate confidential emergency contact notebook. By signing below you give consent for the information provided to be used in case of an emergency.

|  |  |
| --- | --- |
| **Employee:** | **Date:** |
| **Mailing Address:** |
|  |
| **Physical Address (If different from above):**  |
|  |
| **Supervisor:** |
| **Division/Bureau:** |

**In case of an Emergency, please contact:**

|  |  |
| --- | --- |
| *1. Name****:*** | *Relationship:* |
|  *Telephone (Day):* | *(Evening):*  |
| *2. Name*:  | *Relationship:* |
|  *Telephone (Day):* | *(Evening):* |

**In Case of an Emergency, if you would like a specific physician or hospital to be contacted, please specify below:**

|  |  |
| --- | --- |
| *Physician:*  | *Hospital:* |
| *Address:* | *Address:* |
| *Telephone:* | *Telephone:* |

**OPTIONAL:**

In case of an emergency, it is our sincere desire to be able to help you in the most effective manner possible. If there is any additional information, you would like to make available to medical personnel regarding medical history (heart trouble, etc.), as well as any medication that you may be taking or to which you are allergic, please specify below:

This information is confidential and will only be shared if it could assist medical personnel with your treatment during an emergency.

 **Please refer to the Employee Information Change Form 102 on the Intranet for other changes.**

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**Name Date**