

Emergency Contact Information Form

This information will be extremely important in the event of an accident or medical emergency.
Please be sure to sign and date this form.

Name: _____
Last First MI

Address: _____
Street City State Zip Code

Home Phone: _____ **Cell:** _____ *and Cell Network:* _____
(Required if you list a cell phone.)

Home Email Address: _____

Emergency Contact Information

Primary Contact: _____ **Relationship:** _____
Last Name First Name

Home Phone: _____ **Cell:** _____ **Work:** _____

Secondary Contact: _____ **Relationship:** _____
Last Name First Name

Home Phone: _____ **Cell:** _____ **Work:** _____

Medical Information

Preferred Local Hospital: _____

Comments: (Include any special medical or personal information you would want an emergency care provider to know – or special contact information.)

Please Note: Your personal home phone and/or cell phone number and network will be entered into our Emergency Notification Broadcast System (ENBS). The ENBS uses an automated voice-recorded message to relay information in the event of an emergency, closure, or late opening affecting the employee's official duty station.

A copy of this form will also be provided to your office/chambers.

Signature: _____ **Date:** _____