

EMPLOYEE EMERGENCY CONTACT FORM

PERSONAL INFORMATION

Employee Name: _____

Physical Home Address: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

PRIMARY EMERGENCY CONTACT

Name: _____

Your Relationship to Contact: _____

Daytime Phone _____ Evening Phone: _____

SECONDARY EMERGENCY CONTACT

Name: _____

Your Relationship to Contact: _____

Daytime Phone _____ Evening Phone: _____

Other Information

Allergies (Food, Insects, Etc.): _____

I have voluntarily provided the above contact information and authorize Lookout Mountain Community Services and its representatives to contact any of the above on my behalf in the event of an emergency.

Employee Signature

Date